



COUNTY BOROUGH OF OLDHAM

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF

HEALTH

1937



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PUBLIC HEALTH DEPARTMENT,
TOWN HALL,
OLDHAM.

JUNE, 1938.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

MR. CHAIRMAN, MRS. SHANNON, AND GENTLEMEN,

I have the honour to present to you my second Annual Report on the health of Oldham and the work done by the Public Health Department for the year 1937. The contents have been compiled in compliance with Circular 1650 of the Ministry of Health, and the Report is an Ordinary and not a Survey one.

The vital statistics for the year will be found in the body of the Report, and I would commend the various tables to your careful study. One fact needs special mention. The Registrar General's estimate of the population of the Borough at the middle of 1937 was 127,800; this figure compares with 148,300 for the year 1921 and 140,314 for the year 1931, so that in recent years the fall in population has been rapid. During the last few years many young families at the most productive years of their lives have left the Borough for employment elsewhere, whilst many others have moved out to adjacent districts. The death rate, as compared with England and Wales, will continue high and will probably rise further, as our population must possess a high percentage of aged people. It is inevitable, therefore, that we must face a declining population, and it is probable that our trend of population is anticipatory of that which the country as a whole will follow, once the maximum population has been reached.

Early in the year a survey of the Council's public health services was undertaken by officers of the Ministry of Health. In the survey letter which was received in November the Minister drew attention to the need for improvements in the Maternity and Child Welfare Service and the Tuberculosis Service, the provision of new office accommodation for all the Health Services, and a reception unit at The Municipal Hospital. Attention was also drawn to the desirability of providing modern and additional accommodation at Westhulme Hospital.

Early in the year influenza was prevalent, and 65 deaths were registered, compared with 27 during 1936. The epidemic also caused alarm and concern owing to the large number of persons who were off work at factories and workshops, etc. No other serious outbreak of infectious disease occurred, though the incidence of diphtheria remained high; 275 cases occurred and 17 deaths were registered. During the year immunisation was continued, and in December the Health Committee approved a scheme for engaging temporary staff, so that immunisation could be made available for all Oldham children. It is gratifying to report that this campaign has met with considerable success, but there are still many parents who will not accept protection for their children. We live in an age which allows considerable restriction to be placed on the activities and pleasures of the individual, but

in the important matter of health the individual can do almost what he pleases, to the detriment of himself and the community. A parent refuses to have his child immunised—and who pays if the child contracts diphtheria? Firstly, the child, who has to pass through a long and weary illness, with perhaps serious complications; secondly, the community, which may lose a young healthy member by death or has to meet the cost of prolonged hospital treatment. It is desirable that offenders against the rules of health should be severely dealt with, and their activities restricted, but I fear that it will be some considerable time before the public conscience is sufficiently stirred to approve and welcome measures of this kind. It is certainly desirable that diphtheria immunisation of all infants should be made compulsory, as it is already in some Continental countries.

It is gratifying to record a much lower maternal mortality rate, 3.36 per thousand total births, as compared with 6.16 for the previous year. There were 6 true maternal deaths, compared with 11 in 1936. These figures must afford satisfaction to all concerned, especially if they are maintained. They will not be maintained or reduced unless a really efficient maternity service is provided. Such a service means adequate and suitable premises, adequate and well-trained staff, who have ample time to devote to the patients, and not, as they are at present, over-worked in over-crowded and unhygienic premises. To make our service efficient also means the provision of dental clinics for inspection and the establishment of post-natal clinics.

The year has again been one of considerable stress for the staff of the department. The responsibilities are added to almost daily, and during the year the Municipal Midwifery Service brought a great weight of work and anxiety. This service had only been functioning a few months when the responsibilities under Air Raid Precautions were added. All these responsibilities and the public demanding not only more and more from their health services, but also a higher and more exacting standard, and yet the medical staff of the department is the same as in 1920! Can an efficient service be provided and maintained?

It is perhaps unfortunate that the work done by the Health Department cannot be measured in spectacular profits—profits which can be seen and felt. If this were the case we might be among those departments who are now building or have built new and modern offices for their staff and administrative services. Are our health services of so little value that they can be housed in a disused “pub.”, while other departments are housed in palaces? Surely our mothers and children and the sick should be provided with the best!

I wish to tender my sincere thanks to the Chairman and Members of the Public Health and Maternity and Child Welfare Committees for their continued support and encouragement. My thanks are also due to all the members of the Staff—Medical, Nursing, and Clerical—for their loyal co-operation and assistance during the year.

I have the honour to be,

Your obedient servant,

J. T. CHALMERS KEDDIE,

Medical Officer of Health.

The Health Committee :

Chairman :

Mr. Alderman Wrigley, J.P.

Vice-Chairman :

Mr. Councillor Lord.

The Mayor :

Mr. Councillor Tweedale, J.P.

Mr. Alderman Bardsley.

Mr. Alderman Crabtree.

Mr. Councillor Griffiths.

Mrs. Councillor G. Shannon.

Dr. Councillor Low.

Mr. Councillor J. L. Wilkinson.

The Maternity and Child Welfare Committee :

Consists of all the Members of the Health Committee, with
the addition of—

Mrs. Bainbridge, B.A.

Mrs. Jackson.

Mrs. Firth.

Miss Rothwell.

STAFF.

The Public Health Department :

Consulting Medical Officer of Health :

J. B. Wilkinson, M.D., C.M., D.P.H.

Medical Officer of Health and School Medical Officer :

J. T. Chalmers Keddie, M.B., CH.B., D.P.H.

Deputy Medical Officer of Health and Clinical Tuberculosis Officer :

Eric Ward, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officer of Health for Maternity and Child Welfare :

Margaret J. T. Leitch, M.B., CH.B., M.M.S.A., D.C.H.

Assistant School Medical Officers :

Annie Mooney, L.S.A., D.P.H.

T. K. Hughes, M.B., CH.B., D.P.H. (To 30/6/37).

Walter P. Cargill, B.SC., M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H.

(From 1/8/37).

School Dental Officers :

Leonard N. Alley, L.D.S., R.C.S.(ENG.), Senior Dental Officer.

J. Fenton, L.D.S. (To 30/6/37).

F. I. Wilson, L.D.S.

F. S. Dodd, L.D.S. (Temp. from 1/7/37).

Consultants to the Public Health Department :

H. Poston, M.B., M.CH., B.A.O., Orthopaedic Surgeon.

E. A. Gerrard, M.D., CH.B., M.R.C.S., L.R.C.P., M.C.O.G., Obstetrician.

Neil MacInnes, M.A., M.B., CH.B., Ophthalmic Surgeon.

W. R. Cammock, M.B., CH.B., F.R.C.S.(ED.), Aural Surgeon.

Public Vaccinators :

Dr. P. B. Murray.

Dr. A. S. McGowan.

Dr. T. D. Hunter.

Dr. G. Ferguson.

Dr. W. Graham.

Dr. C. Thompson.

Veterinary Inspector (Part Time): Joseph Ward, M.R.C.V.S.

Public Analyst (Part Time): S. Ernest Melling, F.I.C.

Sewage Works Manager :

J. Taylor, ASSOC.M.C.T., A.M.INST.S.P., A.M.I.S.E.

Sanitary Inspectors :

†*George Winterbottom, Chief Inspector.

†*J. Brook, Deputy Inspector.

*W. Clarke.

†*J. McKenna.

*H. Waller.

*J. Winterbottom.

*J. Crosdale.

*H. Shaw (From 4/1/37).

†*J. Mann.

*V. C. Quin (From 18/1/37):

Health Visitors :

‡*Miss L. Pugh, Superintendent and Supervisor of Midwives.

||Mrs. N. B. Gregoire.

ca||Miss W. Yates.

xMrs. M. Redfern.

ca||Miss I. Chambers (To 5/2/37).

||Mrs. M. A. Dyson.

yca||Miss P. Wroe.

a||Miss E. Macrae.

ca||Miss B. Worfolk (From 19/4/37).

xMiss C. Holmes, Tuberculosis Nurse.

Municipal Midwives :

(From 1/7/37).

xaMiss E. M. Rennison.

xaMiss M. Dowdall.

xaMiss A. Bailey.

aMrs. A. Entwistle.

aMrs. L. D. Eccles.

xaMrs. M. E. Cunliffe.

School Nurses :

x||Mrs. B. S. Bate.

xaMrs. A. G. Willmott.

xa||Miss C. Wild.

xa||Miss G. M. Huby

x||Mrs. E. Pendlebury.

(From 25/1/37).

Massage Staff :

Miss A. John, C.S.M.M.G., M.E., L.E.T., N.S.R., S.R.E.

Miss N. Fenton, C.S.M.M.G., M.E., L.E.T. (To 2/7/37).

Miss H. I. Schofield, C.S.M.M.G., M.E., L.E.T. (From 2/8/37).

Clerical Staff :

Herbert H. Stamp, Chief Clerk.

E. Stansfield, Vaccination Officer.

* Certificate of Royal Sanitary Institute (Sanitary Inspector).

† Certificate of Royal Sanitary Institute (Meat and Foods).

|| Fever Trained Nurse.

x General Trained Nurse.

|| State Registered Nurse.

a Certificate of Central Midwives' Board.

c Health Visitor's Certificate of Royal Sanitary Institute.

‡ Certificate of Royal Sanitary Institute for Maternity and Child Welfare.

y State Registered Children's Nurse.

The Municipal Hospital :

Medical Superintendent : R. M. Maher, B.SC., M.D., B.S., M.R.C.P.

Visiting Staff :

R. A. Jackson, M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H., Surgeon
 R. I. Poston, M.D., B.A.O., B.CH., Assistant Surgeon (To 31/7/37).
 W. R. Cammock, M.B., CH.B., F.R.C.S.(ED.), Aural Surgeon.
 Neil MacInnes, M.A., M.B., CH.B., Ophthalmic Surgeon.
 H. Poston, M.B., M.CH., B.A.O., Orthopædic Surgeon.
 E. A. Gerrard, M.D., CH.B., M.R.C.S., L.R.C.P., M.C.O.G., Obstetrician.
 A. H. Richardson, O.B.E., M.R.C.S., L.R.C.P., D.M.R., Radiologist.

Resident Surgical Officer :

A. Barber, M.A., M.D., CH.B., M.R.C.P. (From 6/9/37).

Resident Medical Officers :

E. A. Marsden, M.B., CH.B.
 L. Rich, M.B., CH.B., M.C.O.G. (To 30/4/37).
 C. J. Vaughan, M.B., B.CH., B.A.O. (To 16/5/37).
 N. I. Faux, M.B., B.S.(LOND.) (From 17/1/37 to 10/5/37).
 J. Lurie, M.R.C.S., L.R.C.P. (From 3/5/37 to 30/6/37).
 M. O. Thorpe, M.D., L.C.P. & S.(ALTA.) (From 28/8/37).
 A. M. Calmonson, L.R.C.P. & R.S.I., L.M. (From 1/9/37).

Matron : a¶Miss E. Lewis.

Westhulme Hospital :

Margaret J. T. Leitch, M.B., CH.B., M.M.S.A., D.C.H.,
 Resident Medical Officer.
 ¶Miss E. M. Blenkarn, Matron.

Strinesdale Sanatorium :

a¶Miss I. C. Ball, Matron.

Greenaeres Maternity Home :

a¶Miss E. Fray, Matron.

Castleshaw Convalescent Home :

¶Miss A. H. Whitehead, Matron (To 30/6/37).

SUMMARY OF STATISTICS.

1. General Statistics.

Area in Statute Acres (1931 census figure)	4,735 acres
Area fully developed or in course of development ...	3,660 acres
Enumerated Population (census 1931)	140,314
Registrar General's Estimate of Population, middle of 1937	127,800
Density of Population, i.e., Number of Persons per Acre (whole Borough)	27
Number of Houses in Borough, December, 1937 ...	40,889
Number of Inhabited Houses (end of 1937)	—
Number of New Houses erected in 1937	431
Rateable Value (April, 1937)	£696,341
Sum represented by a Penny Rate (March, 1937) ...	£2,600
Amount of Poor Law (Outdoor) Relief paid in 1937 ...	£59,367

2. Extracts from Vital Statistics.

			M.	F.	Total
Live Births: Legitimate	...	...	832	766	1,598
Illegitimate	...	...	45	42	87
			—	—	—
			877	808	1,685
			—	—	—
Rate per 1,000 of estimated resident population ...					13.18
Still Births: Legitimate	...	...	49	42	91
Illegitimate	...	...	1	5	6
			—	—	—
			50	47	97
			—	—	—
Rate per 1,000 total (live and still) births					54.43
Deaths (Males 1,036, Females 992)	...	...			2,028
Crude Death Rate per 1,000 of estimated resident population					15.86
Death Rate (adjusted by R.G.'s A.C.F. figure, 1.12) ...					17.76

Deaths from Puerperal Causes (R.G.'s Short List)—

	Deaths	Rate per 1,000 total live and still births
Puerperal Sepsis	2	1.12
Other Puerperal Causes	4	2.24
	—	—
Total	6	3.36
	—	—

Number of Deaths of Infants under 1 year of age 115

Death Rate of Infants under 1 year of age—

All Infants per 1,000 live births	69.00
Legitimate Infants per 1,000 legitimate live births	66.95
Illegitimate Infants per 1,000 illegitimate live births	91.95

Death Rates per 1,000 population from—

Pulmonary Tuberculosis	0.64
All Forms of Tuberculosis	0.77
Respiratory Diseases (excluding Pulmonary Tuberculosis)	1.94
Cancer	1.81
Principal Zymotic Diseases: Smallpox, Enteric Fever, Measles, Scarlet Fever, Whooping Cough, Diphtheria and Membranous Croup	0.17

Death Rate from Diarrhœa and Enteritis of Children under 2 years of age, per 1,000 births	1.18
Deaths from Measles (all ages)	2
Deaths from Whooping Cough (all ages)	3
Deaths from Diarrhœa (children under 2 years of age)	2

Section I.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Oldham is situated in the County of Lancashire, on the south-western slopes of the Pennines. Its highest point is 1,225 feet and its lowest 350 feet above sea-level.

The population is largely industrial, and the chief industries are cotton spinning and the manufacture of cotton machinery. During the last few years a few new industries have come into the town, the chief of which are hand-bag manufacturing, bedding, clothing and under-clothing manufacturing. There is a large electrical engineering works, which employs a number of Oldham residents, situated just outside the boundary.

Area and Population.

The area of the Borough is 4,735 acres

The Registrar General's estimate of the population of the Borough at the middle of 1937 is 127,800. This is 3,200 less than that for 1936, and shows that the population continues to diminish. At the 1931 census the population was 140,314.

Rateable Value.

The rateable value on the 1st April, 1937, was £696,341, and the sum represented by a 1d. rate £2,600.

Unemployment.

The following figures have been supplied by the Manager of the Employment Exchange and the Juvenile Employment Officer, and show the number of persons unemployed and registered at the Oldham Exchange and Oldham Juvenile Employment Bureau during each month of the year 1937.

Month	Men	Boys	Women	Girls	Total
January ...	5,757	67	1,078	25	6,927
February ...	5,373	61	1,128	43	6,605
March ...	5,367	37	1,118	28	6,550
April ...	4,830	35	1,033	25	5,923
May ...	4,640	36	1,024	22	5,722
June ...	4,474	42	1,010	39	5,565
July ...	4,373	64	1,030	39	5,506
August ...	4,263	71	973	38	5,345
September ...	4,235	92	1,001	40	5,368
October ...	4,490	76	1,182	50	5,798
November ...	4,372	66	1,217	24	5,679
December ...	4,927	81	1,741	65	6,814
Monthly Average, 1937	4,758	61	1,128	36	5,983
Monthly Average, 1936	6,742	122	1,813	61	8,738

Poor Law Relief.

The total amount of outdoor relief expended in Oldham during the year was £59,367, as compared with £78,314 in 1936. The weekly average number of persons in receipt of out-relief was 3,310, comprising 2,106 cases. There were 584 admissions of Oldham persons to the Westwood Park Institution.

Health Insurance.

The total number of insured persons in Oldham on the 31st. December, 1937, was approximately 69,074, or 54 per cent. of the total population. The number of insured persons is 18 more than at the corresponding period of the previous year.

Meteorology.

The system of daily observation at Alexandra Park and at Strinesdale Sanatorium continued as usual during 1937. A summary of the findings is given in the following table.

Weekly Means of Meteorological Observations for the Year 1937.

DATE	Barometer reduced to Sea Level at 32.0	Thermometer		HYGROMETER	% of Saturation	TEMPERATURES.								Rainfall 12 in. above ground	Number of Days on which rain fell	Clouds covered = 10 Clear = 0	Sunshine recorded at Strinsdale
		Maximum in Shade	Minimum in Shade			Maximum in Sun Black Bulb	Maximum in Sun Black Bulb in Vacuo	Minimum on Grass	Temperature 12 in. below surface	Temperature 4 ft. below surface.							
											Dry	Wet					
1937																	
Jan. 9	29.96	45	44	92	48	39	48	51	38	42	43	1.69	5	8	4.25		
16	29.92	41	39	84	45	36	45	53	33	40	43	.39	3	7	9.65		
23	29.34	43	41	85	46	36	46	51	30	38	42	.67	7	8	3.20		
30	29.21	36	35	90	41	30	41	49	30	39	43	.13	4	8	3.75		
Feb. 6	29.32	43	42	92	47	37	47	56	32	39	42	.78	6	9	8.65		
13	29.44	38	37	91	43	32	41	61	28	33	41	1.33	5	9	5.90		
20	29.65	43	42	92	47	38	47	59	33	40	41	1.58	7	10	6.00		
27	29.30	39	38	91	43	35	43	69	29	38	41	.95	5	7	16.10		
March 6	29.51	34	33	88	38	31	39	58	28	36	40	.93	6	10	4.60		
13	29.21	34	34	100	39	28	40	63	25	35	40	.24	4	10	4.30		
20	29.51	42	40	85	44	32	44	69	25	37	39	.66	6	9	14.10		
27	29.29	36	35	90	42	28	44	80	*	37	40	.43	5	5	29.95		
April 3	29.77	42	39	77	46	31	51	83	34	38	40	.09	1	7	28.40		
10	29.56	51	49	86	54	41	59	86	42	44	41	.76	7	9	4.00		
17	29.40	46	44	85	50	37	53	76	36	45	43	.75	2	9	3.20		
24	29.73	47	46	93	50	40	52	79	40	45	44	.72	5	9	11.00		
May 1	30.11	47	44	78	56	38	61	91	33	47	45	.14	1	8	33.00		
8	30.00	53	50	80	61	42	66	93	39	50	46	.36	5	8	32.15		
15	29.69	48	47	93	52	41	59	97	41	49	46	.24	3	9	14.85		
22	29.75	54	50	74	59	41	65	90	37	50	43	.78	4	6	34.50		
29	30.03	61	58	81	65	50	71	103	44	53	49	.78	4	9	38.85		
June 5	29.99	55	51	75	61	46	65	94	45	54	50	.54	2	9	25.10		

July	12	29.90	61	61	57	75	66	50	73	98	48	55	50	.14	5	9	19.10
	19	30.05	57	57	53	75	61	47	68	103	48	55	52	.23	2	9	26.25
	26	29.95	57	57	52	70	60	44	67	102	43	54	52	.23	2	8	34.40
	3	29.88	60	60	57	82	63	49	68	98	48	55	52	.30	4	10	20.80
	10	29.91	56	56	54	87	63	49	69	98	48	56	52	.74	6	9	8.80
	17	29.94	62	62	58	76	66	52	72	103	52	58	53	63	4	8	33.70
	24	29.88	58	58	56	87	65	52	69	93	51	59	55	.72	6	9	10.10
	31	29.96	57	57	55	87	61	52	65	80	47	56	54	.08	2	8	27.15
Aug.	7	30.11	67	67	61	68	75	57	83	107	53	61	55	.6	2	4	53.65
	14	29.95	63	63	60	82	69	56	75	105	52	61	56	.40	4	8	17.50
	21	29.90	58	58	55	81	63	51	66	99	47	58	56	.40	5	6	26.65
	28	30.19	61	61	57	76	67	51	73	104	45	58	56	.04	1	3	46.40
Sept.	4	29.98	61	61	57	76	66	54	70	99	47	58	56	1.16	4	7	32.05
	11	30.08	57	57	53	75	64	50	68	103	44	56	55	.08	2	6	29.85
	18	29.46	51	51	50	93	56	45	60	88	40	53	55	.48	5	9	7.20
	25	29.88	55	55	52	81	60	48	64	90	40	53	54	.50	3	6	21.25
Oct.	2	29.96	57	57	55	87	63	50	67	93	43	53	53	.05	2	8	21.50
	9	30.26	55	55	51	75	58	48	61	86	41	52	53	.01	1	7	23.25
	16	30.27	52	52	49	80	55	44	56	74	38	50	53	.02	2	9	13.95
	23	29.85	50	50	48	86	54	42	56	71	35	49	52	.45	2	7	15.80
	30	29.31	49	49	48	93	53	43	54	76	3	48	51	.85	6	8	10.60
Nov.	6	29.88	50	50	48	86	53	44	55	73	36	47	50	.29	2	5	14.35
	13	30.09	44	44	41	78	48	37	51	70	30	44	49	.03	1	5	25.95
	20	29.67	36	36	35	91	41	32	42	59	25	38	46	.68	4	8	8.25
	27	29.99	41	41	40	92	42	36	42	51	29	38	44	.26	2	7	10.65
Dec.	4	29.75	43	43	41	85	46	37	46	56	30	40	44	1.13	5	9	1.15
	11	29.35	34	34	33	89	36	30	35	36	28	39	43	.70	5	8	1.85
	18	29.45	35	35	33	80	37	30	*	*	*	35	41	.59	5	7	10.95
	25	29.99	42	42	41	92	45	35	*	*	*	36	41	.33	4	7	10.00
Jan. 1/38	30.48	41	41	40	40	92	44	36	*	*	*	39	41	.16	4	8	3.20
Means	29.79	49	49	47	47	84	53	41	54	80	38	46	47	26.95	199	8	921.80
														Total	Total		Total

* Instruments out of order

VITAL STATISTICS.

Births.

There were 2,084 live births (1,062 males and 1,022 females) registered in the Borough during the year. After correction for inward (40) and outward (439) transferable births, the net total of births is 1,685 (877 males and 808 females), being identical with the figure for 1936.

The BIRTH RATE is 13·1 per thousand of the population, as compared with 12·8 for the previous year and 14·9 for England and Wales.

The illegitimate live births numbered 87, or 5·1 per cent. of the total live births, an increase of 9 on the previous year.

Stillbirths.

During the year 122 stillbirths were registered. After being adjusted by inward and outward transfers, the number is 97, giving a rate of 54·43 per thousand total live and stillbirths and ·76 per thousand of the population, as compared with 54·43 and ·74 respectively in 1936.

Marriages.

There were 1,155 marriages during the year, the rate per thousand of the population being 9·03. In 1936 the number was 1,186, the rate being 9·05.

Deaths.

During the year 2,397 deaths (1,245 male, 1,152 female) were registered in the Borough. After correction for inward (73) and outward (442) transferable deaths, the net total of deaths is 2,028 (1,036 males and 992 females), an increase of 74 on the total for 1936.

The DEATH RATE is 15·8 per thousand of the population, as compared with 14·9 for the previous year and 12·4 for England and Wales.

Of the 2,028 deaths registered, 814 or 40·14 per cent. occurred in one or other of the following institutions:—

The Municipal Hospital	...	...	440
The Westwood Park Institution	...	...	178
The Oldham Royal Infirmary	...	...	142
Westhulme Hospital	...	...	48
Strinesdale Sanatorium	...	...	6

The table on page 22 shews the age and sex distribution and cause of deaths in 1937. Of the total deaths, 939 or 46·3 per cent. occurred in persons aged 65 years or over.

The following are the chief causes of death in order of frequency:—

Heart Disease	513
Cancer	232
Arterial Disease	133
Pneumonia	120
Bronchitis	112
Cerebral Hæmorrhage	104
Tuberculosis	99
Suicide and other violence	98
Influenza	65
Nephritis	64

These groups of diseases represent 1,540 deaths occurring during the year, or 75·9 per cent. of the total deaths registered.

Maternal Deaths.

There were 6 deaths directly due to pregnancy or child-bearing, compared with 11 for the previous year. The maternal mortality rate is 3·36 per thousand live and stillbirths, as compared with 6·16 for the previous year and 3·11 for England and Wales.

Infantile Mortality.

There were 144 deaths (90 males and 54 females) of infants under one year of age registered in the Borough. After correction for inward (4) and outward (33) transferable deaths, the net total of infant deaths is 115 (71 males and 44 females), a decrease of 3 on the total for 1936.

The INFANT MORTALITY RATE is 69 per thousand births, as compared with 70 for the previous year and 58 for England and Wales.

The death rate amongst legitimate infants per thousand legitimate live births is 66·95, as compared with 70·31 in 1936.

Of the 115 infant deaths, 8 were those of illegitimate children. The death rate of illegitimate infants per thousand illegitimate births is 91·9, as against 64·1 for the previous year.

The table on page 24 gives the causes of death of children at various ages under one year. Of the 115 deaths, 60 occurred in infants under four weeks old, equivalent to a neo-natal mortality of 35·61 per thousand births.

The following table shows the neo-natal mortality, compared with the infantile mortality, during the last eight years:—

Year	Infant Deaths under one month	Neo-Natal Mortality Rate per 1,000 births	Total Infant Deaths under one year	Infantile Mortality Rate per 1,000 births
1930	72	37·85	134	70·45
1931	109	56·53	203	105·29
1932	69	38·52	149	83·19
1933	65	38·32	120	70·75
1934	66	38·59	121	70·76
1935	58	34·05	106	62·24
1936	67	39·76	118	70·03
1937	60	35·61	115	69·00

A study of the above figures shows that, with the exception of the years 1931 and 1935, the death rate of children under four weeks old has remained remarkably constant, and suggests that if we hope to achieve a further reduction in the infantile mortality rate, it will have to be by a reduction of this figure.

During the last few years much attention has been focussed on the problem of maternal mortality, and much has been done for maternal welfare. The Midwives Act, 1936, is one of the most recent reforms, and it will be interesting to watch the effect of this and other measures on the neo-natal mortality rate.

The comparative statement of Vital Statistics has been prepared by the Medical Officer of Health for Stockport, and I am indebted to him for its inclusion.

Vital Statistics of the Borough for the Year, and previous Years.

Y ^E A ^R .	Population estimated to middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE BOROUGH		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE BOROUGH			
		Uncor- rected Number	Nett		Number	Rate.	of Non- residents register'd in the Borough	of resi- dents not register'd in the Borough	Under 1 Year of Age.		At all Ages	
			Number	Rate.					Number	Rate per 1,000 Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1919	...	2294	2246	15.7	2390	17.2	225	56	213	95	2221	16.0
1920	143,154	3336	3312	23.6	2285	16.0	205	60	355	105	2140	15.0
1921	148,300	3149	3136	21.3	2333	15.9	207	52	341	109	2178	14.8
1922	148,300	2828	2835	19.3	2531	17.2	256	57	301	106	2332	15.8
1923	147,500	2633	2617	17.8	2560	17.4	264	56	289	110	2352	16.0
1924	147,300	2397	2433	16.3	2226	14.9	237	56	260	107	2045	13.7
1925	146,200	2279	2279	15.5	2376	16.1	255	65	236	103	2186	14.8
1926	143,000	2316	2338	16.1	2565	17.7	805	68	241	103	2328	16.0
1927	141,400	2104	2095	14.6	2249	15.7	281	86	181	86	2054	14.4
1928	143,200	2059	2044	14.1	2289	15.9	300	88	181	88	2064	14.4
Averages for years 1919-1928	.....	2539	2539	17.4	2380	16.4	303	64	259	101	2190	15.0
1929	142,500	1946	1887	13.2	2913	20.3	330	73	221	117	2646	18.5
1930	142,500	1956	1902	13.3	2277	15.9	309	88	134	70	1950	13.7
1931	141,900	2035	1928	13.5	2370	16.7	333	70	204	105	2035	14.3
1932	138,900	1992	1791	12.8	2305	16.5	347	60	149	83	1942	13.9
1933	136,700	1912	1696	12.4	2387	17.4	390	65	120	70	2049	14.9
1934	135,200	2007	1710	12.6	2317	17.1	331	64	121	70	1962	14.5
1935	133,300	1975	1703	12.7	2334	17.5	379	72	106	62	1947	14.6
1936	131,000	1991	1685	12.8	2295	17.5	419	78	118	70	1954	14.9
1937	127,800	2084	1685	13.1	2397	18.7	442	73	115	69	2028	15.8

Area of the Borough in Acres, 4,735.

AT CENSUS OF 1931.—Total population at all ages, 140,314. Number of inhabited houses, 36,071.

Average number of persons per house, 3.8.

Comparative Statistics of the Wards.

The table below sets out the principal vital statistics for the year in respect of the twelve wards in the Borough.

WARD	Census Population 1931	Area in Acres.	Density (Persons to an Acre).	No. of Births Register'd	BirthRate 1931, per 1,000 Populat'n	No. of Deaths under 1 yr. of age	Infantile Death Rate	No. of Deaths Register'd	Death Rate per 1,000 Populat'n
St. Mary's.....	9,870	124	79.6	128	12.9	13	1.3	133	13.5
St. Peter's	9,934	284	31.4	89	8.9	6	.6	158	15.9
Werneth	10,922	264	41.4	122	11.2	7	.6	166	15.2
Westwood.....	13,672	281	48.6	125	9.1	7	.5	181	13.2
St. Paul's	16,279	485	33.5	209	12.8	12	.7	205	12.6
Coldhurst	7,592	143	53.1	86	11.3	11	1.4	121	15.9
Hartford	11,662	202	57.7	135	11.6	7	.6	167	14.3
Hollinwood	12,126	417	29.0	167	13.8	7	.6	140	11.5
Clarksfield	16,015	652	24.5	207	12.9	15	.9	253	15.8
Mumps	7,810	135	57.8	114	14.6	8	1.0	127	16.2
St. James'	10,218	967	10.5	131	12.8	11	1.0	185	18.1
Waterhead	14,214	781	18.1	172	12.1	11	.8	192	13.5

Comparative Statement of Vital Statistics for the Year 1937.

	Birth Rate	Death Rate	Local Adjusted Death Rate	Infantile Mortality Rate		Death Rate from Phthisis	Death Rate from other Tubercular Diseases	Maternal Mortality Rate (per 1,000 Total Births)		
				Year 1937	Average, Five Years 1932—1936			Puerperal Sepsis	Other Causes	Total
England & Wales	14.9	12.4	...	58	61	0.58	0.11	0.94	2.17	3.11
122 Great Towns	14.9	12.5	...	62	65	...	...	...	...	...
Birkenhead	16.3	13.0	14.1	77	72	0.76	0.11	0.40	0.80	1.20
Blackburn	11.7	15.2	15.6	69	64	0.62	0.10	...	6.34	6.34
Bolton	12.7	14.2	15.4	61	64.8	0.53	0.10	0.87	5.23	6.1
Burnley...	11.71	15.53	16.77	75.2	72.2	0.61	0.11	...	1.79	1.79
Bury	13.00	15.46	15.61	55	69	0.50	0.15	1.2	6.2	7.4
Halifax	12.8	14.6	14.3	63	77	0.35	0.03	...	2.39	2.39
Huddersfield	12.78	14.28	14.85	61	54	0.50	0.09	0.65	0.65	1.29
Manchester	14.31	13.52	15.41	76.16	75.59	0.88	0.15	1.34	2.85	4.19
Oldham	13.18	15.86	17.76	69	71	0.64	0.13	1.12	2.24	3.36
Preston	14.00	14.23	15.79	77	81	0.68	0.17	1.20	1.20	2.40
Rochdale	11.9	15.4	16.17	53	79	0.54	0.15	2.61	3.48	6.10
Salford	15.1	14.6	17.23	84	89	0.88	0.13	0.94	3.47	4.41
St. Helens	18.6	12.1	14.9	87.7	84.1	0.56	0.14	2.86	4.28	7.14
Stockport	14.14	13.94	14.64	56.61	68.33	0.74	0.16	3.03	5.56	8.59
Wallasey	13.5	13.4	13.13	58.7	52.8	0.71	0.09	1.49	1.74	3.23
Warrington	17.1	12.5	15.00	82	77	0.9	0.03	...	1.4	1.4
Wigan	16.27	14.17	17.00	90	89	0.64	0.17	...	2.95	2.95

Table of Causes of Death at Different Periods of Life during the year 1937.

CAUSES OF DEATH.	Sex.	All Ages	All Ages											
			0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	
ALL CAUSES...	M	1036	71	11	12	20	27	45	63	127	229	259	172	
	F	992	44	8	6	25	28	40	60	101	172	262	246	
1 Typhoid and paratyphoid fevers	M	...	...	...	...	...	...	...	...	...	...	...	...	
	F	...	...	...	...	...	...	...	...	...	...	...	...	
2 Measles	M	2	...	2	...	...	...	...	...	...	...	...	...	
	F	3	...	3	...	...	...	...	...	...	...	...	...	
3 Scarlet Fever	M	...	...	...	...	...	...	...	...	...	...	...	...	
	F	...	...	...	...	...	...	...	...	...	...	...	...	
4 Whooping Cough	M	2	...	2	...	...	...	...	...	...	...	...	...	
	F	1	...	...	1	...	...	...	...	...	...	...	...	
5 Diphtheria	M	8	...	...	3	5	...	...	...	...	...	...	...	
	F	9	...	...	...	9	...	...	...	...	...	...	...	
6 Influenza	M	25	...	...	...	1	1	2	2	6	7	4	2	
	F	40	1	...	...	...	3	1	5	2	9	6	13	
7 Encephalitis lethargica	M	1	...	...	...	...	...	...	...	...	1	...	...	
	F	1	...	...	...	...	...	...	...	...	...	...	1	
8 Cerebro-spinal fever	M	5	1	...	1	...	2	1	...	...	...	...	...	
	F	3	...	1	...	1	...	...	...	...	1	...	...	
9 Tuberculosis of respiratory system	M	41	...	...	...	...	5	11	9	11	4	1	...	
	F	40	...	...	...	...	14	11	7	5	3	...	...	
10 Other tuberculous diseases	M	10	...	...	1	2	2	3	1	1	...	...	...	
	F	8	...	...	1	1	2	...	1	1	1	1	...	
11 Syphilis	M	4	...	...	...	...	...	...	1	...	3	...	...	
	F	4	1	...	...	...	...	1	...	2	...	...	...	
12 General paralysis of the insane, tabes dorsalis	M	7	...	...	...	...	...	...	2	4	...	1	...	
	F	3	...	...	...	...	...	...	2	...	1	...	...	
13 Cancer, malignant disease	M	120	...	...	...	...	3	2	7	20	35	47	6	
	F	112	...	...	...	...	...	...	7	28	27	36	14	
14 Diabetes	M	13	...	...	...	...	1	1	...	1	3	5	2	
	F	14	...	...	...	...	...	...	...	1	3	7	3	
15 Cerebral hæmorrhage, etc.	M	50	...	...	...	...	...	...	1	5	13	16	15	
	F	54	...	...	...	...	...	...	2	3	11	20	18	
16 Heart disease	M	246	2	...	...	...	1	4	7	28	61	84	59	
	F	267	...	...	...	1	5	4	10	16	44	88	99	
17 Aneurysm	M	3	...	...	...	...	...	...	...	...	3	...	...	
	F	...	...	...	...	...	...	...	...	...	...	...	...	
18 Other circulatory diseases	M	66	...	...	...	...	...	...	...	2	11	25	28	
	F	64	...	...	...	...	...	...	1	5	9	25	24	
19 Bronchitis	M	56	...	...	...	...	...	2	1	8	20	15	10	
	F	56	4	...	...	...	...	...	1	9	10	13	19	
20 Pneumonia (all forms)	M	70	14	4	1	3	3	5	7	11	10	5	7	
	F	50	7	3	3	1	...	1	4	7	11	7	6	
21 Other respiratory diseases	M	12	...	...	...	1	...	1	2	1	1	4	2	
	F	4	...	...	...	...	...	...	...	...	1	2	1	
22 Peptic ulcer	M	12	...	...	...	...	...	...	4	3	3	1	1	
	F	4	...	...	...	...	...	...	...	...	2	1	1	
23 Diarrhœa, etc.	M	...	...	...	...	...	...	...	...	...	...	...	...	
	F	5	2	...	...	...	...	1	...	...	1	...	1	
24 Appendicitis	M	3	...	...	...	1	...	2	...	...	...	...	...	
	F	6	...	...	1	2	...	1	...	1	1	...	...	
25 Cirrhosis of liver	M	5	...	...	...	...	...	...	...	1	3	1	...	
	F	1	...	...	...	...	...	...	...	...	1	...	...	
26 Other diseases of liver, etc.	M	1	...	...	...	...	...	...	...	...	...	1	...	
	F	4	...	...	...	...	...	...	...	1	2	1	...	
27 Other digestive diseases	M	14	1	...	1	1	...	1	...	4	1	4	1	
	F	8	...	...	...	1	...	...	1	1	3	1	1	
28 Acute and chronic nephritis	M	29	...	...	...	...	...	1	3	4	9	8	4	
	F	35	...	...	...	...	...	4	6	6	4	13	2	
29 Puerperal sepsis	F	2	...	...	...	...	...	2	...	...	...	...	...	
30 Other puerperal causes	F	4	...	...	...	...	...	4	...	...	...	...	...	
31 Congenital debility, prema- ture birth, malformation, etc.	M	48	47	...	...	...	...	1	...	...	...	...	...	
	F	24	24	...	...	...	...	...	...	...	...	...	...	
32 Senility	M	17	...	...	...	...	...	...	...	...	1	7	9	
	F	33	...	...	...	...	...	...	...	...	...	8	25	
33 Suicide	M	15	...	...	...	...	...	...	3	4	7	1	...	
	F	6	...	...	...	...	...	...	...	2	3	1	...	
34 Other violence	M	46	1	1	3	4	2	5	5	5	9	5	6	
	F	31	1	...	...	4	...	5	...	1	2	10	8	
35 Other defined diseases	M	88	5	2	2	2	7	3	8	6	18	21	14	
	F	88	4	1	...	5	4	5	13	10	19	18	9	
36 Causes ill-defined, or un- known	M	17	...	...	...	...	...	...	...	2	6	3	6	
	F	8	...	...	...	...	...	...	...	...	3	4	1	

Table showing the Birth-rates, also Rates of Mortality from all causes, from the seven principal Zymotic Diseases, and from Phthisis, Bronchitis, and Pneumonia, during the years 1903-1937.

Year	Population	RATES PER 1,000 POPULATION FROM						Deaths under 1 year to 1000 births
		Births	Deaths all causes	7 princip'l Zymotic Diseases	Phthisis	Bronchitis	Pneumonia	
1903	138,786	25.6	18.6	2.4	1.6	2.4	1.6	160
1904	139,497	24.9	18.3	2.3	1.4	2.2	1.5	155
1905	140,225	24.3	18.1	2.1	1.5	1.9	1.6	150
1906	140,969	26.9	18.8	2.8	1.3	1.7	1.6	146
Average 5 years		25.5	18.6	2.3	1.4	2.0	1.6	152
1907	141,730	26.5	19.3	1.5	1.6	2.5	1.9	144
1908	142,507	28.4	20.1	2.6	1.5	2.2	1.5	159
1909	143,301	27.4	19.0	1.1	1.4	2.2	1.8	119
1910	146,700	25.2	16.7	1.8	1.1	1.7	1.5	127
1911	147,751	24.4	18.2	2.5	1.2	1.7	1.5	159
Average 5 years		26.4	18.6	1.9	1.3	2.0	1.6	141
1912	148,840	22.9	16.3	1.3	1.3	1.8	1.3	117
1913	149,936	23.2	17.1	1.4	1.2	2.0	1.3	139
1914	151,044	23.0	17.8	2.5	1.2	1.9	1.4	136
1915	141,781	20.8	18.0	1.0	1.4	2.3	1.6	126
1916	*136,126	17.8	16.7	0.9	1.3	1.8	0.9	122
Average 5 years		21.5	17.2	1.4	1.3	1.9	1.3	128
1917	*133,721	14.4	16.0	0.8	1.3	2.1	1.3	110
1918	149,285	13.8	21.1	1.0	1.2	2.7	2.3	118
1919	—	15.7	16.0	0.6	0.9	2.2	1.1	95
1920	143,154	23.6	15.0	0.4	1.1	1.6	1.2	105
1921	148,300	21.3	14.8	0.5	0.8	1.7	1.2	109
Average 5 years		17.7	16.6	0.6	1.1	2.1	1.4	107
1922	148,300	19.3	15.8	0.7	0.9	2.0	1.2	106
1923	148,300	17.8	16.0	0.5	0.8	2.2	1.5	110
1924	147,300	16.3	13.7	0.3	0.8	1.7	1.2	111
1925	146,200	15.5	14.8	0.5	0.8	1.7	1.1	103
1926	143,000	16.1	16.0	0.7	0.8	1.9	1.4	106
Average 5 years		17.0	15.2	0.5	0.8	1.9	1.3	107
1927	141,400	14.6	14.4	0.2	0.7	1.7	1.2	86
1928	143,200	14.1	14.4	0.4	0.8	1.6	0.9	88
1929	142,500	13.2	18.5	0.86	1.0	2.5	1.7	117
1930	142,500	13.3	13.7	0.3	0.7	1.6	1.0	70
1931	141,900	13.5	14.3	0.2	0.7	1.8	1.4	105
Average 5 years		13.7	15.0	0.3	0.7	1.8	1.2	93
1932	138,900	12.8	13.9	0.2	0.7	1.3	1.1	83
1933	136,700	12.4	14.9	0.14	0.6	1.6	1.5	70
1934	135,200	12.6	14.5	0.48	0.7	1.3	1.1	70
1935	133,300	12.7	14.6	0.24	0.6	1.7	1.0	62
1936	131,000	12.8	14.9	0.41	0.4	0.8	0.8	70
Average 5 years		12.6	14.5	0.28	0.6	1.3	1.1	71
1937	127,800	13.1	15.8	0.17	0.6	0.9	0.9	69

*Estimated for Deaths.

Infant Mortality during 1937.
Deaths from stated causes and various ages under one year.

CAUSE OF DEATH	Under 1 day	1 to 2 days	2 to 3 days	3 to 4 days	4 to 5 days	5 to 6 days	6 to 7 days	Total under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 1 month	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	Total under 1 year
ALL CAUSES { Certified ... { Uncertified ...	25 ...	11 ...	5 ...	4 ...	2 ...	... ..	3 ...	50 ...	3 ...	5 ...	2 ...	60 ...	25 ...	12 ...	8 ...	10 ...	115 ...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
Influenza	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
T.B. of Nervous System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
T.B. of Intestines and Peritoneum	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Other T.B. Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Meningitis	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	1	1
Convulsions	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3
Bronchitis	...	...	...	...	...	...	...	...	...	...	...	...	2	1	2	...	5
Pneumonia	...	...	...	...	...	...	...	...	...	...	...	...	6	6	4	...	21
Other Respiratory Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Inflammation of Stomach	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2
Diarrhoea and Enteritis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hernia—intestinal obstruction	...	...	...	...	...	...	...	...	1	2	...	...	4	...	...	...	...
Congenital Malformations	1	1	...	1	...	...	...	2	1	...	1	5	1	...	...	1	10
Congenital Debility and Sclerema	...	...	...	1	...	...	...	1	...	...	1	2	...	...	...	...	3
Icterus	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	3
Premature Birth	19	6	2	2	...	...	1	30	...	2	1	6	5	...	...	...	38
Injury at Birth	4	1	...	...	...	...	...	5	...	1	...	...	...	...	...	...	6
Diseases of umbilicus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	1	1	1	...	1	...	...	4	...	...	...	4	...	...	...	...	4
Suffocation in bed and not stated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Congenital Heart Disease	...	2	...	1	...	...	2	5	...	...	...	5	2	1	...	...	8
Other Causes	...	...	...	...	1	...	...	1	1	...	...	2	3	2	1	2	10
	25	11	5	4	2	...	3	50	3	5	2	60	25	12	8	10	115

Section II.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Staff.

Full particulars of the staff of the various departments are given at the beginning of the report.

Laboratory Facilities.

There has been no alteration in the arrangements for this work, which is undertaken at the Oldham Royal Infirmary and at the Public Health Laboratory, Manchester.

Details of the examinations made during the year are given below:—

	Public Health Laboratory, Manchester.		Oldham Royal Infirmary.	
	Number examined	Number positive	Number examined	Number positive
Swabs (for Diphtheria)	258	86	5,604	293
Virulence Tests (for Diphtheria)	57	50	—	—
Widal Tests ...	—	—	2	1
Fæces and Urine ...	14	1	12	—
Cerebro Spinal Fluid...	—	—	4	—
Other Examinations ...	23	2	14	—

Ambulance Facilities.

Two motor ambulances are kept at Westhulme Hospital and are used for the removal of cases of infectious disease and tuberculosis.

One ambulance is maintained by the Public Assistance Committee and is used for the removal of patients to Westwood Park Institution and for the transfer of patients to and from the Institution to The Municipal Hospital.

The Police Department possess six ambulances, and provide a very efficient service for the Borough and the adjacent areas of Chadderton, Royton, Springhead, Shaw, Lees and Failsworth.

Professional Nursing in the Home.

General. A voluntary body, the Oldham and District Nursing Association whose home is situated in Union Street West, undertakes the professional nursing of cases of general sickness in the home. The staff consists of 14 nurses.

Infectious Diseases. No provision is made for the nursing of cases of infectious disease in the home.

Midwives. In addition to the Midwives employed at the Municipal Hospital and the Maternity Home, six Municipal Midwives were appointed and commenced their duties on the 1st July.

Prior to their appointment, compensation was paid to Midwives whose patients were admitted to hospital on account of the development of a complication which necessitated hospital treatment, or of an emergency arising after the onset of labour, and fees were paid to Midwives for attendance on necessitous cases approved previous to confinement.

Treatment Centres and Clinics.

The local authority provide the following clinics at the places and times stated:—

Infant Welfare Centres.

Central, Town Hall	... ..	Tuesday, Wednesday and Thursday	2-0 p.m.
Infant Clinic, Central, Town Hall		Tuesday and Thursday	10-0 a.m.
Hollinwood Church Institute, Incline Road	... ..	Thursday	2-0 p.m.
St. Barnabas School, Balfour Street	... ..	Wednesday	2-0 p.m.
Copster School, Copsterhill Road		Tuesday	2-0 p.m.
Mission Hall, York Street	...	Tuesday	2-0 p.m.
Methodist School, Watersheddings		Thursday	2-0 p.m.
Hope Chapel, Abbey Hills	...	Wednesday	2-0 p.m.
(At the Branch Centres the Infant Consultations and Schools for Mothers are on alternate weeks).			

Ante-Natal Clinic.

Central, Town Hall		Monday	2-0 p.m.
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School Clinics.

Scottfield		Daily	1-30 p.m.
Gower Street		Saturday	9-30 a.m.

Dental Clinics (by appointment).

Scottfield	... ..	Daily	1-30 p.m.
Gower Street	... ..	Saturday	9-30 a.m.
Cannon Street	... ..		

Orthopædic Clinic (by appointment).

Isabella Greenhalgh Institute, Gainsborough Avenue	...	Surgeon attends alternate Wednes- days at 10-0 a.m. Remedial exer- cises and U.V.R. treatment daily by appointment	
---	-----	---	--

Tuberculosis Dispensary.

25, Barker Street... ..	{	Tuesday	9-30 a.m.
		Thursday	9-30 a.m.
		Second Tuesday in each month at	
		5-45 p.m. for patients who are working	

Venereal Diseases Clinic

Oldham Royal Infirmary ...	{	(Women and Children)	
		Monday, 7-30 p.m.	
		(Men)	Tuesday, 7-30 p.m.
		(Men)	Wednesday, 7-30 p.m.

HOSPITALS—PUBLIC AND VOLUNTARY.**The Municipal Hospital.**

This is a General Hospital maintained under the Local Government Acts and the Public Health Acts. It serves the County Borough of Oldham and the adjacent areas of Middleton, Royton, Crompton, Lees and Chadderton, which have a total estimated population of 219,682.

During the year the Health Committee devoted much time and thought to the hospital, and many necessary improvements were made.

At the end of the year the plans for the new Maternity unit were finally approved by the Ministry, and quantities and specifications, prior to advertising for tenders, were being prepared.

The Medical Superintendent, Dr. R. M. Maher, reports as follows:—

Changes in the Municipal Hospital during the year.

The chief changes during the year were in relation to staffing.

The Staff Establishment of Nurses was increased, both in the General Wards and in the Maternity Department, with a view to a 48-hour week.

The Assistant Matron's post was designated, and is now a separate position from that of Sister Tutor.

A Resident Surgical Officer was appointed.

The Maternity Department has now two Baby Rooms, and three single Ward Rooms were also arranged from existing bath rooms.

The cooking was centralized with a view to economy, and, finally, co-operation with the Oldham Royal Infirmary was commenced by the Joint Hospital Committee formed during the year.

The following statistical returns are extracted from Form Hosp. 6 and Form Hosp. 7, which are completed for the Ministry of Health:—

Total Number of Beds provided in the Institution for sick, maternity and mental cases at 31st December, 1937:—

(a)	For men	...	...	...	...	122
(b)	For women	...	...	...	...	167
(c)	For children (under 16 years of age)	...	...	...	...	61
TOTAL						350

I.—Table showing the Classification of the Accommodation for Sick, Maternity and Mental Cases, and the Number of Beds occupied on the 31st December, 1937.

Classification of Wards (1)	Number of Wards (2)	BEDS							
		MEN		WOMEN		CHILDREN (under 16 years of age)		TOTAL	
		Provided (3)	Occupied (4)	Provided (5) (includes 15 Ante-Natal)	Occupied (6)	Provided (7)	Occupied (8)	Provided (9)	Occupied (10)
1. Medical	14	90	79	84	70	8	15	182	164
2. Surgical	5	30	21	29	23	—	3	59	47
3. Children	3	—	—	—	—	53	44	53	44
4. Maternity	4	—	—	44	23	—	—	44	23
5. Other	2	2	—	10	—	—	—	12	—
TOTALS	28	122	100	167	116	61	62	350	278

II.—Statistics relating to the Year ended 31st December, 1937.

(a) In-Patients.

1.	Total Number of Admissions (including infants born in hospital)	5,151
2.	Number of Women confined in hospital	935
3.	Number of Live Births	882
4.	Number of Still Births	67
5.	Number of Deaths among the Newly-born (i.e., under four weeks of age)*	42
6.	Total Number of Deaths among Children under one year (including those given under 5)	72
7.	Number of Maternal Deaths among women admitted to hospital for confinement	17
8.	Total Number of Deaths	672
9.	Total Number of Discharges (including infants born in hospital)	4,455
10.	Duration of stay of Patients included in 8 and 9 above. Number of cases whose total stay was for the following periods:—	
	(a) under four weeks	4,343
	(b) four weeks and under thirteen weeks	609
	(c) thirteen weeks or more	175
11.	Number of Beds occupied (excluding cots in maternity wards); (a) average during the year	285
	(b) highest, 337 on 8/12/37; (c) lowest, 237 on 5/9/37	
12.	Number of Surgical Operations under general anæsthetic (excluding dental operations)	709
13.	Number of abdominal sections	315

*This figure relates only to children born in hospital.

(b) Out-Patients.

There is no Out-Patient Department except for the Ante-Natal Clinic, where 1,031 mothers made 6,186 attendances.

(c) **Classification of In-Patients who were discharged from or who died in the Institution during the year ended 31st December, 1937.**

DISEASE GROUPS					Children (under 16 years of age)		Men and Women	
					Dis- charged	Died	Dis- charged	Died
A.	Acute Infectious Disease	...	...	...	15	6	24	14
B.	Influenza	...	...	...	12	1	19	12
C.	Tuberculosis—							
	Pulmonary	...	...	...	2	—	23	15
	Non-Pulmonary	...	...	...	4	3	12	5
D.	Malignant Disease	...	...	...	—	—	53	82
E.	Rheumatism—							
	(1) Acute rheumatism (rheu- matic fever), together with sub- acute rheumatism and chorea				16	—	43	1
	(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)...	...	...	...	—	—	1	—
	(3) Chronic arthritis	...	...	...	—	—	16	2
F.	Venereal Disease	...	...	...	1	1	8	8
G.	Puerperal Pyrexia	...	...	...	—	—	21	—
H.	Puerperal Fever—							
	(a) Women confined in the hospital	...	...	...	—	—	1	3
	(b) Other cases	...	...	...	—	—	1	—
I.	Other Diseases and Accidents con- nected with pregnancy and childbirth	...	...	...	56	55	346	8
J.	Mental Diseases—							
	(a) Senile dementia	...	...	...	2	—	7	—
	(b) Other	...	...	...	—	—	6	1
K.	Senile Decay	...	...	...	—	—	20	1
L.	Accidental Injury and Violence	...	...	...	12	—	102	11
<i>In respect of cases not included above:</i>								
M.	Disease of the Nervous System and Sense Organs	...	...	...	—	1	165	50
N.	Disease of the Respiratory System				74	20	296	85
O.	„ „ Circulatory	„	„	„	4	1	215	172
P.	„ „ Digestive	„	„	„	29	6	293	33
Q.	„ „ Genito-urinary	„	„	„	9	—	250	46
R.	„ „ Skin	...	...	...	17	—	102	2
S.	Other Diseases	...	...	...	156	3	225	23
T.	Mothers and Infants discharged from maternity wards and not included in above figures—							
	Mothers	...	...	...	—	—	978	—
	Infants	...	...	...	777	—	—	—
U.	Any persons not falling under any of the above headings	...	...	...	9	—	33	1
TOTALS					1,195	97	3,260	575

Statement of Cancer Patients for the Year.

Total number of Patients admitted to Hospitals of the Council, 91.

III.

II.

I.

SITES	Patients admitted after previous advice or treatment at another hospital providing radiation as well as operative treatment		Patients admitted after previous advice or treatment at another hospital providing operative but not radiation treatment		Patients admitted without previous advice or treatment at another hospital	
	Total Number, 16		Total Number, 9		Total Number, 66	
	(a) Numbers treated at that hospital	(b) Numbers not treated at that hospital	(a) Numbers retained in Council's hospital	(b) Numbers referred for advice and/or treatment to a hospital providing radiation treatment	(a) Numbers retained in Council's hospital	(b) Numbers referred for advice and/or treatment to— (i) Hospital providing operative treatment (ii) Hospital providing radiation as well as operative treatment
Uterus ...	5	—	1	—	2	2
Tongue & Mouth	1	—	—	—	2	1
Breast ...	3	—	1	—	2	1
Lip ...	1	—	—	—	—	—
Skin ...	—	—	—	—	—	—
Larynx	—	—	—	—	—	—
Bladder	—	—	—	—	—	—
Rectum	1	—	—	—	1	1
Other sites	5	—	6	1	52	2
TOTALS ...	16	—	8	1	59	7

Oldham Joint Hospital Advisory Committee.

During the year discussions have taken place between the representatives of the Board of the Oldham Royal Infirmary and representatives of the Health Committee, with the object of forming a Joint Hospital Committee, which should co-ordinate the facilities at the two hospitals and prevent the duplication and overlapping of specialized services.

As a result of these meetings the Oldham Joint Hospital Advisory Committee was formed, and its constitution and functions established.

The Committee is composed of the following representatives:—

- (i) Representing the Council of the County Borough of Oldham: Three members of the Health Committee; the Medical Officer of Health; the Medical Superintendent of the Municipal Hospital.
- (ii) Representing the Board of Governors of the Oldham Royal Infirmary: Five members of the Board, two of whom shall be members of the Honorary Medical Staff.
- (iii) Representing the local medical practitioners: One practitioner elected by the Oldham Branch of the British Medical Association, and one practitioner elected by the Oldham Medical Society.

The Joint Committee acts solely in an advisory capacity, and is empowered and required to advise each and every Hospital Authority controlled by or associated with the constituent bodies, such Hospital Authorities accepting in principle that the Joint Committee shall be taken into consultation when major issues are involved in any proposed action. Matters which now or hereafter may come under the consideration of the Joint Committee are:—

- (a) All or any of the matters referred to in Section 182 of the Public Health Act, 1936.
- (b) Any matters associated with the development of hospital work, including the provision of new hospital accommodation.
- (c) Extensions of or additions to existing hospital accommodation.
- (d) The development and co-ordination of the medical and surgical staffing of the hospitals concerned.
- (e) The development and co-ordination of the nursing staffs of the hospitals concerned.
- (f) All or any matters such as have relation to the work of the Voluntary and Municipal Hospitals controlled by the constituent bodies.

At the first meeting of the Advisory Committee, Mr. Alderman Wrigley, Mr. Alderman Crabtree, and the Town Clerk were appointed as Chairman, Vice-Chairman, and Secretary respectively. At this meeting it was decided that a Memorandum should be prepared, outlining the services and facilities provided by the Local Authority and the Voluntary Hospital.

Westhulme Hospital for Infectious Diseases.

This hospital consists of three hospital blocks; one of which is used for scarlet fever, another for diphtheria, and the third a small isolation block for typhoid and cases of mixed infections. There is also a pavilion for 30 cases of tuberculosis.

Strinesdale Sanatorium.

This institution has accommodation for 54 patients. All types are admitted, but preference is given to those who are ambulant. No extensive alterations have been made at this institution during the year.

Racefield Hospital, Chadderton.

This is the small-pox hospital for the area, and is maintained by the Chadderton, Royton and Crompton Joint Hospital Board. The Borough bears a proportion of the cost, but has no representation on the committee. When not required for small-pox it is rented to the Lancashire County Council and used by them as a pulmonary hospital. No small-pox cases were admitted during the year.

The Joint Hospital Board have an arrangement with the Ashton and District Small-pox Hospital Joint Board for their cases to be admitted to the Hartshead Hospital. This hospital is never closed. The staff is always in readiness to receive cases.

Greenaeres Maternity Home.

There have been no alterations in this institution during the year. There are 15 beds, including one isolation bed, in the home.

Castleshaw Convalescent Home.

The Castleshaw School of Recovery, with accommodation for 22 children, was taken over by the Health Committee from the Education Committee in October, 1936, for use as a convalescent home for children. Unfortunately, owing to the difficulty experienced in getting parents to send their children to the Home, it was decided to discontinue its use for this purpose, and the premises were closed on the 31st March, 1937.

It is, however, gratifying to report that the good work that was done at Castleshaw will continue in another form. The premises have been leased by the Health Committee to Mr. Frank Lord, of Oldham, and it is anticipated that arrangements will be made for the premises to be re-opened in 1938 as a School Camp. Mr. Lord has generously agreed to bear the entire cost of this scheme, except for the salary of the teacher, which will be met by the Education Committee. Many poor Oldham children who are unable to enjoy a holiday anywhere will appreciate the generosity of Mr. Lord, and the Camp will meet a real need which has been long felt in Oldham.

Oldham Royal Infirmary.

This is a voluntary hospital of 170 beds which serves the Borough and adjacent areas. It has a large out-patient department, a fully equipped electrical and X-ray department, and a special fracture clinic. In addition to beds for general surgical patients, there is accommodation for ear, nose and throat cases, and eye cases.

The venereal diseases clinic is held at this institution, and much of the pathological work of the Health Department is carried out in its laboratory.

Nursing Homes.

There is one nursing home in the Borough, of 18 beds, which is managed by a committee on which the local medical practitioners are well represented.

The Westwood Park Institution.

This serves the Oldham County Borough and part of the Lancashire County Area, including Chadderton, Middleton, Crompton, Royton, Shaw and Lees.

The Institution provides accommodation for male and female able-bodied persons, for chronic and infirm persons who are not acute medical or surgical cases, and for mental cases.

Poor Law Medical Out-Relief.

There are six District Medical Officers, who are under the control of the Public Assistance Committee.

Oldham Council for Mental Health.

This is a voluntary association which is affiliated to the National Council for Mental Hygiene. The subject of mental health has received little attention in the past, but its importance is slowly being recognised. The work of this society is pioneer in character, and its activities should be recorded. I am indebted to Miss Elizabeth Martland, the honorary secretary, for the following report:—

As in previous years, educational work has formed a large part of the Council's activities during 1937.

A most auspicious introduction to the work of the year was afforded by Professor J. F. Duff, M.A., M.Ed., Professor of Education at the University of Manchester, who gave an address at the annual meeting of the Council, in January. His speech was characterised by a wise and balanced presentation of the problem of dealing with difficult children. One outstanding result of this meeting was a series of talks on the same topic, which was subsequently broadcast by the B.B.C. as a result of a request made by an unknown member during our annual meeting and subsequently passed on to the B.B.C. by the Council.

In the early spring, a course of four lectures was arranged with the assistance of the National Council for Mental Hygiene, with which the Council is affiliated. The first of these, entitled "Mental Life and the Community", was given by Dr. Murdo Mackenzie, a specialist in psychological medicine working in London. This was followed by a more detailed paper by Dr. Larkin, of the West Ham Mental Hospital, on "Mental Disease and Mental Defect". Dr. Larkin dealt with many aspects of his subject, among which was the system adopted in West Ham, whereby mental patients can be removed without delay from the wards of the local Public Assistance Committee Institution to a mental hospital provided by the County Borough itself.

The third lecture of the series, by Dr. MacCalman, on child guidance, was very well received, dealing as it did with a problem which exercises many parents, teachers, and magistrates who have to deal with minor or major cases of juvenile delinquency. The series concluded with a lecture by Dr. J. Burnett Rae, who took as his subject "Functional Nervous Disorders", and dealt with a wide field in psychology, embracing ethics and religion.

As in previous years, the lecture course served to bring the Council into touch with many individuals who are interested in the problems dealt with, and whose help and advice have been invaluable.

A further series of lectures of a more informal type were also organised. Dr. Mary Cardwell gave a practical and stimulating talk on "The Psychology of Infancy". This was followed by Mr. Reginald Edwards, who contributed a well-reasoned paper on "The Psychology of the Child of School Age". The series was concluded by a lecture by Dr. Winifred Burbury, the recently appointed psychologist to the Manchester Education Authority. Dr. Burbury gave an informative account of "Some Aspects of Adult Psychology", which was followed with deep interest.

Talks of a more homely type have been given to Parents' Association meetings by the Chairman and the Hon. Secretary of the Council. In every case, there is no lack of evidence of the interest taken by the general public in the matters which the Council is established to advocate. Many individual difficulties have been reported to the officers of the Council, who have given help and advice to the persons who have asked for assistance in their difficulties. It is being increasingly felt by the Council that lack of adequate provision for borderline mental cases, insufficient accommodation for mental patients, and lack of skilled treatment for the various forms of mental illness, are matters which call urgently for attention.

The Council has had under consideration the best means of securing some kind of clearing house or centre in Oldham, to which people needing advice and guidance regarding problems of mental disorders could apply. It is hoped that before long progress may be made to this end.

Close contact has been maintained with the local representatives upon the Lancashire Mental Hospitals Board, the members of the Public Assistance Committee, and our Members of Parliament, who are deeply concerned in the problems of mental health from a national as well as a local point of view.

The Council has helped in the circulation of information by the publication of articles. Thanks to the kindness of Dr. J. T. Chalmers Keddie, the Medical Officer of Health, an account of the activities of the Council was published in the last official report on the health of the Borough. Two of our members contribute articles to one of the mental health journals. Reports of the activities of the Council have appeared in the publications of the National Council for Mental Health and the Central Association for Mental Welfare. The Public Assistance Journal has agreed to publish suitable articles and reports from time to time. The opinions of other organisations and individuals interested in mental welfare have been studied through the medium of press cuttings.

A visit organised to the Mary Dandy Home for Mental Defectives, Sandlebridge, Cheshire, in June, proved highly instructive to the members who availed themselves of the opportunity provided by the Council.

The Council is very appreciative of all the help which has been received from the many organisations and individuals who have helped to further its objects. The goodwill of the Borough Council, the encouragement of the Press, and the keen interest of friends, both in Oldham and in Manchester and London, are all factors which have assisted in making possible the progress of the past year.

For the future, plans are being made by the Council to focus public attention more and more on the appalling burden of mental disease, with its attendant cost to the community, its heavy loss of working hours, its consequent expense in hospital treatment, and, above all, its untold sufferings and tragedies. The Council looks forward with confidence to the time when this problem will be appreciated as one to be tackled and solved.

Section III.

MATERNITY AND CHILD WELFARE.

The Central Welfare and Ante-Natal Centre is situated in offices adjacent to the Health Department. The premises are hopelessly inadequate and anything but attractive to the young and sensitive mother. In January, 1938, a special report was submitted on the existing premises, and recommendations were made for a new Health Centre, which could accommodate all the activities of the Health and Maternity and Child Welfare Committees and also serve as the headquarters of the School Medical Service. The urgent need for accommodation was referred to the Finance Committee, and is receiving consideration.

There are six Branch Centres situated throughout the town. During the year two of the Centres were vacated and new premises obtained at Hope School, Abbeyhills, and St. Barnabas School, Balfour Street. These premises have been decorated and provide very satisfactory accommodation for our purpose.

The various centres in the town, with times and places of meeting, are set out below.

MATERNITY AND CHILD WELFARE CENTRES.

Centre	Day of Meeting	Hours
Central, Town Hall Infant Welfare	Tuesday, Wednesday and Thursday	2 to 5 p.m.
Ante-Natal Clinic	Monday	2 to 5 p.m.
Infant Clinic and Maternity Welfare	Tuesday and Thursday	10 a.m. to 12-30 p.m.
Hollinwood Church Institute, Incline Road	Thursday	2 to 5 p.m.
St. Barnabas School, Balfour Street	Wednesday	2 to 5 p.m.
Copster School, Copsterhill Road	Tuesday	2 to 5 p.m.
Methodist Mission Hall, York Street	Tuesday	2 to 5 p.m.
Methodist School, Ripponden Road	Thursday	2 to 5 p.m.
Hope Chapel, Abbeyhills	Wednesday	2 to 5 p.m.

At the Branch Centres, the Infant Consultations and School for Mothers are held on alternate weeks.

An Ante-Natal Clinic is also held in connection with the Maternity Unit at the Municipal Hospital. Patients attend for the first consultation on Monday afternoons between 2 and 4 p.m. Subsequent consultations are held on Tuesday afternoons, 2 to 4 p.m., Wednesday mornings, 10 to 12 a.m., and Friday evenings, 5 to 7 p.m. This ante-natal service is for the use of such expectant mothers as have booked maternity beds in the hospital.

The following figures relate to attendances at the Central Welfare during 1937:—

Number of Individual Cases who attended and who, at the end of the year, were—

Under 1 year ...	...	...	...	...	190	
1 to 5 years ...	...	...	...	...	350	
					—	540

Number of Attendances (mother and baby count as one)—

Under 1 year ...	...	...	...	...	4,907	
1 to 5 years ...	...	...	...	...	3,526	
					—	8,433

Total Number of New Cases who attended—

Under 1 year ...	...	...	...	...	232	
1 to 5 years ...	...	...	...	...	30	
					—	262

Total Number of Sessions	...	...	...	...		150
Average Attendance per Session	...	...	...	...		56
Total Number of Doctor's Consultations	...	...	...	...		2,057

The following figures relate to the work of the Branch Centres during 1937:—

Name of Centre	Sessions Held	New Cases Attending	Individual Cases Attending		Average Attendance	Total No. of Attendances
			Under 1 year	1—5 years		
Hollinwood	46	135	219	130	70	4431
York Street	47	198	190	264	90	3844
S. Barnabas	46	143	215	215	75	3628
Copster	48	224	138	180	96	4634
Ripponden Rd....	49	118	183	165	68	3359
Hope	46	154	152	145	54	2477
Totals	282	972	1097	1099	453	22373

The Central Ante-Natal Clinic.

Facilities for Consultation.

The Assistant Medical Officer for Maternity and Child Welfare, Dr. Margaret J. T. Leitch, attends at the Ante-Natal Clinic, Town Hall Centre, on Monday afternoon, 2 p.m. to 4 p.m., and arrangements can be made for patients to attend for her opinion.

The Consulting Obstetrician, Dr. E. A. Gerrard, attends once a month at the Ante-Natal Clinic, Town Hall Centre, on the first Monday, at 2.30 p.m., and at The Municipal Hospital once a month, on the third Monday, at 2.30 p.m. Arrangements can be made for him to see at these clinics cases referred by medical practitioners. It is necessary for practitioners who desire to avail themselves of this facility to arrange with the Medical Officer of Health for an appointment, and to send to him, or with the patient, a letter of introduction, which should contain brief details of the case.

Practitioners will be aware that, under the Puerperal Fever and Puerperal Pyrexia Regulations, 1926, the services of the Consultant may be obtained by any practitioner in charge of a case of puerperal fever or puerperal pyrexia.

Approval has now been given by the Minister of Health for the extension of Consultant Service to any doctor who needs assistance in difficulty or complications arising during pregnancy or at or after confinement. Practitioners who desire the Consultant (Dr. E. A. Gerrard) during a confinement should obtain his services through the Medical Officer of Health, except in case of urgency, when they should communicate with Dr. E. A. Gerrard personally.

The following figures give particulars of the attendances:—

Number of Sessions held	...	...	...	50
Total Attendances	...	...	...	769
Average Attendance per Session	...	...	...	15
Number of New Cases attending	...	...	...	202
Number of Cases referred to Consultant	...	...	...	105
Number of Sessions held by Consultant	...	...	...	12
Total Attendances	...	...	...	111

The Greenacres Maternity Home.

During the year 236 cases were admitted and 227 delivered, 85 being attended by the staff and 142 by doctors. This compares with 258 admissions for the previous year.

There were 229 babies born, 10 of which were stillbirths.

There were no deaths within 10 days of birth and no maternal deaths.

Nine cases of puerperal pyrexia were notified.

The Home was opened on September 25th, 1928, and since this date 2,227 patients have been admitted, 2,137 babies have been born living, and 78 stillborn.

It is the intention of the Maternity and Child Welfare Committee to transfer the maternity work to the new Maternity Unit which is to be erected in the grounds of The Municipal Hospital.

Births.

The Notification of Births Act requires that all births should be notified to the Medical Officer of Health within 36 hours of occurrence. During the year 1,747 notifications were received, relating to 1,653 live births and 94 still births. In addition there were 439 notifications received which were transferred to the Medical Officers of the Authorities concerned.

The 1,747 live and still births were notified by the following:—

Midwives	992
Doctors and Parents	755

In 16 instances parents had to be reminded of their omission to notify.

Transferred Births.

The names and addresses of 593 infants and young children who left the Borough (including those children born in Oldham Hospitals whose home addresses were outside the district) were notified to Medical Officers of the areas of their destination, and 133 notified as coming to live in the Borough.

Health Visiting.

The following is a summary of the work done by the Health Visitors:—

Visits to Newly-born Infants	1,689
Re-visits—Infants under 12 months	5,223
Infants 1 to 5 years	12,046
Visits to—Ophthalmia neonatorum	52
Puerperal Fever and Pyrexia	52
Measles	472
Mumps	304
Whooping Cough	261
Chicken Pox	712
Infantile Deaths	105
Still Births	48
Ante-Natal Cases	542
Number of Sessions held at the Welfare Centre	282
Attendances at the Centres by Health Visitors	604
Number of Swabs taken, re diphtheria contacts	4,415

Supervision of Midwives.

Sixty-five midwives notified their intention to practise during the year, compared with 51 in 1936. Of these, 42 notifications related to midwives in private practice, and 23 to nurses in Greenacres Maternity Home and The Municipal Hospital.

During the year several visits were made by the Supervisor of Midwives for the purpose of inspecting the source of infectious disease occurring in the midwives' practices.

The following notifications were received from midwives practising in the Borough:—

Stillbirths	26
Notification of death	16
Artificial Feeding	37
Liability to be a source of infection	13

There were 280 Medical Aid Forms sent in by midwives. This figure compares with 282 for the previous year. The conditions for which medical aid was sought were as follows:—

Conditions in Mother		Conditions in Child	
1. Ante Partum Hæmorrhage	14	1. Feebleness or Premature ...	8
2. Abortion or Threatened Abortion	3	2. Discharging Eyes ...	19
3. Other Ante-Natal Conditions	28	3. Other Conditions... ..	20
4. Delayed Labour	75		
5. Occipito Posterior	4		
6. Other Malpresentations	13		
7. Adherent Placenta	3		
8. Ruptured Perineum	68		
9. Placenta Prævia	1		
10. Post Partum Hæmorrhage	4		
11. Pyrexia	8		
12. Other Conditions... ..	12		
Total ...		Total ...	
233		47	

The total cost of these claims amounted to £237 7s. 0d. Of this amount £69 8s. 6d. was recovered from the patients.

Two hundred and thirty-five routine visits were paid by the Supervisor of Midwives to the midwives during the year. The Supervisor also interviewed midwives at the Health Office on several occasions.

During the year 28 claims, amounting to £35 1s. 0d., were paid for attendance on Necessitous Cases, and 34 claims, amounting to £21 10s. 0d., for compensation for loss of cases, i.e., patients sent to hospital.

Ophthalmia Neonatorum.

There were 23 cases of ophthalmia neonatorum notified during the year. The following are the results of these cases:—

Vision unimpaired	14
Vision impaired	1
Still under treatment	1
Died	3
Removed from district	4

Puerperal Pyrexia.

Fifty-one cases of pyrexia were notified during the year. Thirty-four cases occurred in The Municipal Hospital, 9 in Greenacres Maternity Home, 1 in Oldham Royal Infirmary, and 7 were notified by private practitioners.

It is probable that many cases confined in their own homes showed pyrexia during the puerperium, and were not notified.

Puerperal Fever.

Six cases were notified during the year, all from The Municipal Hospital, one of which died.

Infant Life Protection.

The supervision of infants under the age of nine years received for maintenance and reward is carried out by the Health Visitors. In addition to being visited frequently, the children are medically examined at the various Infant Welfare Centres.

The following are the figures for the year:—

(i) Number of Foster Parents on the register—			
(a) at the beginning of the year ...	...	...	12
(b) at the end of the year ...	...	...	20
(ii) Number of Children on register—			
(a) at the beginning of the year ...	...	...	12
(b) at the end of the year ...	...	...	20
(c) who died during the year ...	...	...	1
New Cases during the year ...	...	...	15
Total Cases for 1937 ...	...	...	27
Removed from register during year—			
Returned to Parents ...	...	...	5
Over 9 years ...	...	...	—

Assisted Milk Supply.

Assisted milk is allowed to mothers and children who attend the Welfare Centres and are, in the opinion of the Assistant Medical Officer, in need of this nourishment. It is also allowed to children who are unable to attend school, are of school age, and are certified by a medical practitioner as being in need of it. These cases are not numerous and usually only receive milk for a short period.

Expectant mothers are granted one pint of milk per day, or its equivalent in dried milk, after the first visit to the Ante-Natal Clinic. Cod liver oil and malt or Virol is also granted if it is necessary.

Infants receive one pint of milk per day until the age of three years, except from the fourth to the ninth month, when the amount is one and a half pints; after this it is allowed at the discretion of the Assistant Medical Officer, and only in special circumstances.

During the year, representatives of the Maternity and Child Welfare Committee met representatives of the Medical Inspection Committee, and after discussion a new scale of income was agreed upon. This is now applied to applicants for school meals and milk, and to applicants for milk or food under the Maternity and Child Welfare Assisted Milk Scheme.

During the year 12,512 lbs. of dried milk, costing £938 8s. 0d., and 18,266 gallons of liquid milk, costing £1,753 13s. 6d. (supplied by local farmers), was supplied free to children and expectant and nursing mothers. There were 133 lbs. of Virol, costing £13 6s. 0d., and 153 lbs. of cod liver oil and malt, costing £4 9s. 3d., also supplied under this scheme.

No arrangements exist for the supply of meals to expectant and nursing mothers and children under school age.

Dental Treatment.

The arrangements for the dental treatment of expectant mothers were as last year. Arrangements exist with the Education Committee for the work to be undertaken by the Senior Dental Officer, Mr. L. N. Alley, whose report is as follows:—

Maternity and Child Welfare Dental Facilities.

It is the considered opinion of medical and dental officers alike that upon such facilities as these, together with a dental scheme for the children of pre-school age, is based the science of preventive dentistry and the success of every school dental scheme. A school dental scheme without this basis is not only uneconomical, but it can never achieve the aim for which it was intended. The source of the trouble must be vigorously attacked in order to put a stop to the continual influx of school entrants already suffering from, and predisposed to, acute and chronic dental disease. Otherwise it is like calling in the fire brigade after the fire is well alight.

Unfortunately, many school dental schemes are in operation that have not the advantage of these other services to help them. These school dental schemes are doing an important work, but the results can never be wholly satisfactory and fully justify the expense and the labour given to them. Also, the results are discouraging to the dental officers engaged in the work; they are apt to become just repairers of teeth, and sometimes lose all interest in their profession.

The story is a very different one when dental officers are given the opportunity and, in some degree, the responsibility of preventing dental disease, and helping, by advice and periodic inspection, in producing and insuring a healthy dentition for the growing generation.

The Chief Medical Officer states in the "Health of the School Child, 1936":—

"In any campaign designed to raise the nation's standard of health, dental fitness must receive a considerable amount of attention. Dental caries is, without a doubt, the most prevalent disease of civilisation, and it is essential that its effect on general health should be more fully realised by that large section of the population which, up to the present, has apparently taken comparatively little interest in the question."

This statement is based on experience. Its truth is being proved every day in every department of life. Unless the seriousness of the statement is realised soon, the bad dental health of the people in the future, with all its consequences of ill health—physical, moral, and mental—will be a lasting disgrace to civilised communities.

Can there be anything more likely to make a marked improvement in the happiness and health of children than the prevention of this disgrace ?

Every year there are more and more young people, twenty to twenty-five years of age, having their mouths cleared of their natural teeth. Is this progress ?

Az-Zahraiwi, the great Arabian surgeon of the tenth century, said: "You should not extract a tooth in a hurry, because it is a precious organ and has no substitute"; and similar sentiments are expressed by many Roman and mediaeval writers. Artificial dentures, whilst perhaps being a blessing to the aged, are becoming a curse to the young. Instead of true progress, we have been getting artificiality. Artificial dentures are very second-rate substitutes for the real thing, and, although better than septic teeth, they cannot insure the healthy mouth and healthy body like healthy, natural teeth can.

We need a change of attitude to this problem by everyone—doctors, dentists, insurance societies, and the public. To bring this about to enable us to work towards the ideal, we are compelled to put women and children first.

The Expectant and Nursing Mother.

Dental sepsis is dangerous to the expectant mother and to the unborn child.

Usually, these women are young. Unfortunately, to-day there are a tremendous number of these young women whose mouths are in such a disgraceful condition that it is necessary to carry out multiple extractions, and they have to be bothered with dentures while they have babies to look after, meals to prepare, and a house to keep tidy. Our aim for these young mothers must be conservative work, and this can be achieved in the years to come by sensible planning of the public dental services.

What a chance we have with these mothers, to tell them why their teeth decayed and how they can prevent decay in the future, and not only save their teeth but maintain the alimentary canal in a clean condition.

Further, the mother can be told that her baby's first set of teeth are formed during her period of pregnancy, and so are made or marred by the food she takes and by the condition of her own mouth. The second dentition is also the mother's responsibility, for they depend on the nourishment the mother gives to the child. A healthy mouth is an aid to breast feeding, and the breast-fed child has a better start to develop well-shaped jaws than the child who is bottle fed.

Diet is a specialized subject, but is one of which every dental officer should have a wide knowledge. He should be able to advise the expectant mother regarding a diet beneficial to her and her child,

and within the range of her purse. It is useless to tell women who have only a few shillings per head to spend on food to buy quantities of milk, eggs, fish, etc., but it is possible to work out a diet based on a woman's purse, containing the most necessary constituents. It is without a doubt becoming a recognized practice amongst many of the families with meagre incomes to buy what are to them tasty things, such as fish and chips, meat pies, and tinned sweetened milk. Fresh foods and vegetables are only seldom in their menu. It is impossible to blame them for this, for by purchasing these ready-cooked foods they save firing and gas, and the families are satisfied because they are tasty meals. These highly-seasoned and boiled fatty foods are of little or no use to the mother and child, whereas a supply of the protective foods, such as milk, eggs, fresh vegetables and salads, fruit, fish, and liver, go a long way towards raising the general resistance to disease of the mother and raising the standard of health and physique of the child.

The same applies to the nursing mother, but the success or failure of a proper diet still depends on the health of the mouth, for healthy digestive processes are wholly dependent on that.

Children of Pre-School Age.

The School Dental Officers see very few cases of school entrants with really healthy mouths. In fact, a dental officer experiences a very pleasant sensation when he sees twenty clean teeth and healthy gums in a child of 4 or 5 years of age. As an officer once said: "When I look in a child's mouth and see twenty clean teeth, I feel a similar sensation to that on looking at a beautiful flower." Unfortunately, this sensation is felt far too seldom by the School Dental Officers, simply because one of the most important periods in the child's life has been neglected in the planning of dental schemes.

The Child Welfare Act of 1918 has given power to local authorities to give dental service for the toddlers up to 5 years of age. These little people are usually very good when they visit the dental surgery. The procedure comes to them as a natural occurrence in their lives, and makes them tooth-conscious, so that whilst they are still young the value of a healthy mouth and sound teeth is impressed on their minds, and helps to form valuable characteristics in the building up of their characters.

Given a clean and healthy mouth at 5 years of age, the first permanent teeth have a chance of remaining sound, for habits of true mastication will have been acquired.

Why is it easier to obtain support for curing disease than to prevent it? It is not logical or economical. Fortunately, a movement is beginning to bring this home to people, and very slowly they are beginning to realize that the rule of prevention will be a cheaper and happier way of dealing with health matters. The Ante-Natal Clinics, the Tuberculosis Dispensary, the Immunisation against Diphtheria campaign, are a few examples of the change of attitude of mind. The dental services are no exception, and it is only by basing every school dental service on a preventive dental service for expectant and nursing

mothers, and the pre-school age child, that the results that have been looked for in vain for so long may be achieved.

Work of the Dental Service for Expectant Mothers for the Year.

The Senior School Dental Officer devotes one evening per week to the treatment of expectant and nursing mothers. The patients are recommended by the Assistant Medical Officer at the Ante-Natal Clinics to attend at the Cannon Street Dental Clinic for dental inspection and treatment.

In all except three cases, the patients referred have been in the later stages of pregnancy. Treatment has been required in every case, but owing to this late stage before attending the Clinics, it has only been possible to carry out treatment demanding immediate attention in a number of cases, the remainder of the treatment being left until after the baby's birth.

The figures for the year are as follows:—

Number of Expectant Mothers referred by the Medical Officer, and inspected	...	...	...	...	...	...	46
Number of Attendances at the Dental Clinic	...	...	...	...	...	...	144
Number of Permanent Teeth extracted	...	...	...	...	...	...	228
Number of Permanent Teeth filled	...	...	...	...	...	...	11
Number of Scalings, Gum Dressings, and other operations	...	...	...	...	...	...	92
Number of Local Anæsthetics	...	...	...	...	...	...	226
Number of General Anæsthetics	...	...	...	...	...	...	2
Number of Dentures supplied—							
(a) Full upper and lower	...	...	...	...	...	...	3
(b) Partial upper—5 teeth	...	...	...	...	...	...	1

Dentures are only provided when there have been multiple extractions, thus interfering with mastication and the primary stages of digestion.

The success of the year's work has fully justified the introduction of the dental scheme. The improvement in the mental and physical health of many of the cases after sepsis has been eradicated from their mouths, indicates the value of dental inspection and advice to these patients.

The Orthopædic Clinic.

The Orthopædic Clinic provides treatment for cases from the School Medical Department, the Maternity and Child Welfare Centres, the Tuberculosis Dispensary, and cases referred by private practitioners. The Orthopædic Surgeon (Mr. H. Poston) is on the staff of the Municipal Hospital, and operative treatment is provided here when necessary.

The arrangements made in the previous year for suitable cases to attend from the School for Physical Defectives were continued.

The artificial sunlight apparatus consists of one "British Hanovia Quartz Vapour Lamp" and two "Jesionch Mercury Vapour Lamps" for collective treatment. They have been fully employed throughout the year.

In July a two-power Infra-Red Ray Generator was installed.

This clinic is doing work of real preventive and curative character, and the results reflect the greatest credit on the staff and donor—the late Mr. Richard Greenhalgh.

The following table shows the defects from which the cases examined by the Orthopædic Surgeon were suffering, and the results of treatment:—

	Discharged			Still Attending		Discontinued		Total
	Cured	Impd.	I.S.Q.	Impd.	I.S.Q.	Impd.	I.S.Q.	
Infantile Paralysis ...	—	2	5	15	1	—	—	23
Convulsions ...	3	—	—	1	—	—	2	6
Fractures ...	1	2	2	4	1	1	—	11
Torticollis ...	—	—	—	3	—	2	—	5
Osteomyelitis ...	—	1	—	1	—	1	—	3
Spondylitis ...	—	1	—	2	—	—	—	3
Rheumatoid Arthritis	—	—	—	1	1	—	4	6
Osteo Arthritis ...	—	3	—	3	2	—	2	10
Infective Arthritis ...	—	7	—	7	—	1	1	16
Pes Cavus ...	—	2	1	2	—	—	1	6
Pes Planus ...	—	1	1	12	4	4	4	26
Hammer Toe ...	—	—	1	2	—	1	1	5
Hallux Valgus ...	—	1	2	2	—	1	1	7
Spastic Paralysis ...	—	1	—	4	4	1	1	11
Rickets ...	3	14	2	37	5	34	21	116
Postural Scoliosis and Kyphosis ...	1	1	1	1	1	2	2	9
T.B. Sacro Iliac Joint	—	—	1	—	—	—	—	1
T.B. Spine ...	—	2	—	14	1	1	—	18
T.B. Hip ...	—	—	1	10	2	1	2	16
T.B. Knee ...	—	—	—	5	—	3	—	8
T.B. Elbow ...	—	1	—	2	—	—	—	3
T.B. Ankle ...	—	—	—	1	—	—	—	1
T.B. Wrist ...	—	—	—	2	—	—	—	2
T.B. Ribs ...	—	—	—	1	—	1	—	2
T.B. Abscess ...	—	—	—	3	—	—	—	3
T.B. Adenitis ...	—	2	1	3	1	1	—	8
Congenital Deformity	—	—	—	3	3	—	—	6
Sciatica ...	2	—	—	—	—	—	—	2
Muscular Rheumatism and Myalgia ...	—	1	—	1	—	—	2	4
Metatarsalgia ...	—	1	1	—	—	1	1	4
Internal Derangement of Knee ...	—	—	—	—	—	—	2	2
Sarcoma Leg ...	—	—	—	1	—	—	1	2
Empyema ...	—	1	—	—	—	—	1	2
Congenital Talipes	—	—	—	10	—	2	2	14
Sprains ...	—	—	—	1	—	4	3	8
Pseudocoxalgia ...	—	—	—	2	—	—	—	2
Weakness of Legs ...	—	3	2	1	2	—	—	8
Contractures ...	—	—	2	—	—	—	1	3
Other Conditions ...	2	2	4	5	5	2	7	27
Totals ...	12	49	27	162	33	64	62	409

These cases were referred as follows:—

School Medical Department	...	...	...	118
Infant Welfare Centre	...	...	...	134
Private Practitioners and Tuberculosis Dispensary	...	...	...	157

The following treatments were recommended by the Surgeon:—

				M. &				Total
				School	C.W.	T.B.	Private	
Massage	...	...	...	2	3	—	13	18
Stretchings	...	...	...	1	8	—	5	14
Splints	...	...	...	15	75	2	4	96
Adaptions to Boots	...	...	...	37	19	4	7	67
Plasters	...	...	...	7	1	4	8	20
Strappings	...	...	...	1	4	1	12	18
Postural and Remedial Ex's.	...	...	...	20	1	—	9	30
Hospital Treatment	...	...	...	10	7	10	24	51
U.V.R.	...	...	...	6	57	5	2	70
Infra Red	...	...	...	—	—	2	1	3
Dressings	...	...	...	4	—	6	4	14
Electricity	...	...	...	—	—	1	10	11
Radiant Heat	...	...	...	3	—	—	38	41
Surgical Appliances	...	...	...	10	1	11	12	34
Observation	...	...	...	37	24	34	10	105
TOTALS	...	...	...	153	200	80	159	592

The following table shows the cases treated by Artificial Sunlight and the results obtained:—

	New Cases	Remain- ing from 1936		Total	Discharged		Discontinued		Still under Treat- ment at end of 1937	
					Imp.	I.S.Q.	Imp.	I.S.Q.	Imp.	I.S.Q.
Debility,										
Anæmia	31	4	35	13	10	3	1	7	1	
Bronchitis ..	7	1	8	3	—	2	2	1	—	
Rickets ...	71	14	85	36	13	4	7	23	2	
Skin Diseases	7	—	7	4	—	1	1	1	—	
Alopecia ...	5	—	5	1	—	1	—	1	2	
Weakness										
of Legs	9	—	9	3	1	1	—	1	3	
T.B. Adenitis	27	14	41	10	6	2	4	17	2	
T.B.										
Abdomen	1	—	1	—	—	—	—	1	—	
T.B. Joints.	2	—	2	—	—	1	—	1	—	
Lupus ...	3	3	6	—	—	—	—	6	—	
Other										
Conditions	9	—	9	2	1	2	1	3	—	
TOTALS...	172	36	208	72	31	17	16	62	10	

Nursing Homes Registration Act, 1927.

On receipt of application for registration, the premises are visited by either the Medical Officer of Health or his Deputy. This visit is the occasion of a survey of the available accommodation, and advice is given as to structural or other alterations required. The number of beds to be used for the reception of cases is also decided upon.

Maternity Homes.

The Greenacres Maternity Home is the only one in the Borough. During the year no new homes were registered or applications for registration received.

Nursing Homes.

There is one registered in the Borough—the Woodfield Nursing Home—which receives medical, surgical, and maternity cases. During the year no new homes were registered or applications for registration received.

Oldham Day Nursery.

This was established in 1905 and is a voluntary institution managed by a committee. During the year considerable improvements were undertaken, and when they are completed the premises will be most attractive and efficient. Great credit is due to Miss Marjorie Lees and the committee for the work that has been accomplished during the year.

For some years the Maternity and Child Welfare Committee made a grant of £70 per year towards the cost, but in September an additional grant of £50 was paid.

I am indebted to Miss Marjorie Lees, the President, for the following report:—

The year 1937 has been an important one in the history of the Nursery, as a scheme of re-organization has been carried out, and improvements made which will benefit an increased number of children. Early in the year Mrs. Owen, who had served us faithfully for ten years as Matron, retired, and Miss Seymour, who is a fully trained hospital nurse, was appointed to fill the post. The fact that other activities formerly carried on in the building were discontinued, and also that a row of condemned houses at the back were pulled down, enabled the Committee to proceed with a scheme for enlargement. Two plots of land adjacent to the backyard were bought, and the long-desired playground provided, with a glass-roofed verandah for the children and a shed for their prams. In addition, a new wash-house and milk store have been built. The two large rooms on the first floor are now used as nurseries, and provide accommodation for 30 children. A commodious and well-heated bathroom has been fitted up on the ground floor, and a small room set apart for an isolation room. During the time the alterations were in progress we could not increase the number of children attending, although Matron had a waiting list which augurs well for the future.

At the end of the year a Staff Sister, trained at the Manchester Children's Hospital, and two young Probationers were appointed, in readiness for re-opening in the New Year.

The Day Nursery was established in 1905 to care for the infants and young children whose mothers are obliged to go out to work. It is a voluntary institution managed by a committee. Its income is derived from the payments made for the children, supplemented by donations and subscriptions. It is recognized as part of the Health Services of the town for which grants can be made, and we are very grateful to the Maternity and Child Welfare Committee of the Town Council, through whom a grant of £70, together with an extra donation of £50, has been received.

Maternal Mortality.

During the year there were 13 deaths attributed to or associated with childbirth. Of these cases 6 were true maternal deaths, giving a maternal mortality rate of 3.36 per thousand total live and still births.

All maternal deaths are now investigated, and the reports forwarded to the Ministry of Health. These reports are of a confidential nature, and therefore only a brief statement can be made upon them. The cause of death in each case was as follows:—

A—DEATHS DUE TO SEPSIS: 2.

Case No. 1—Age 30 years.

Cause of death:—I (a) Ruptured pyo-salpinx.
II Pregnancy.

Case No. 2—Age 33 years.

Cause of death:—1 (a) Puerperal septicaemia.
(b) Premature labour.
(c) Mitral stenosis.

B—DEATHS DUE TO OTHER PUERPERAL CAUSES: 4.

Case No. 3—Age 25 years.

Cause of death:—I (a) Hyperemesia gravidarum.

Case No. 4—Age 31 years.

Cause of death:—I (a) Toxaemia of pregnancy.

Case No. 5—Age 33 years.

Cause of death:—I (a) Cardiac failure.
(b) Uraemia.
(c) Toxaemia.

Case No. 6—Age 31 years.

Cause of death:—I (a) Surgical shock.
(b) Hysterectomy and blood transfusion.
(c) Placenta prævia.

C—DEATHS ASSOCIATED WITH PREGNANCY: 7.

Case No. 7—Age 34 years.

Cause of death:—I Broncho-pneumonia due to self-starvation due to melancholia, accelerated by natural abortion.

Case No. 8—Age 34 years.

Cause of death:—I (a) Mitral stenosis.
II Abortion; not sufficient evidence to shew that abortion caused by arseno benzine injections properly administered for specific disease (P.M. Inq.).

Case No. 9—Age 22 years.

Cause of death:—I (a) Acute influenzal pneumonia.
II Pregnancy.

Case No. 10—Age 38 years.

Cause of death:—I (a) Influenzal pneumonia.
(b) Broncho-pneumonia.
II Pregnancy.

Case No. 11—Age 33 years.

Cause of death:—I (a) Influenza.
(b) Broncho-pneumonia.
II Pregnancy.

Case No. 12—Age 37 years.

Cause of death:—I (a) Myocardial failure.
(b) Angina pectoris.
II Pregnancy (Caesarean section).

Case No. 13—Age 33 years.

Cause of death:—I (a) Pneumothorax.
(b) Pulmonary T.B.
II Pregnancy.

It is gratifying to record a maternal mortality rate of 3·36, and this is a credit to the staff of the department and the work done by them. It is to be sincerely hoped that the persistently high rate which has long been a reflection on our Borough will not recur. No single measure will solve the problem of maternal mortality, but in my opinion the improved staffing of The Municipal Hospital and the improvements made on the Maternity Unit have played a definite part in this reduction.

We must not, however, stand still or regard our present figure as satisfactory. During the year Circular 1622—"Maternal Mortality" was received, and formed the subject of a special report. This report is still under consideration, and the final recommendations have not yet been approved.

Our Maternity Service demands more than ever a full-time Medical Officer, and the work cannot be efficiently performed when only served by a part-time Officer. Closer co-ordination is necessary between The Municipal Hospital staff and the staff of our Central Ante-Natal Clinic. Regular dental inspection should be available for all expectant mothers.

It is anticipated that some of these recommendations will be approved after consideration of the special report on Circular 1622.

MIDWIVES ACT, 1936.

In accordance with the requirements of Section (2) of the Act, the Maternity and Child Welfare Committee consulted representatives of the following associations or societies:—

- (1) The local branch of the Midwives' Institute;
- (2) The local branch of the British Medical Association, and the Oldham Medical Vigilance Committee;
- (3) Oldham & District Nursing Association.

General Outline.

The County Borough of Oldham having an estimated population of 133,300 persons and, during 1936, 948 domiciliary confinements, it is estimated that the area will be adequately served by twelve full-time midwives.

Each midwife will be expected to attend 80 or 90 cases per year, and on no occasion will she be allowed to book more than two cases per week.

The midwives will work in groups, thus allowing a certain amount of freedom of choice of midwife by the mother. This system will also make possible adequate arrangements for off-duty time, relief for holidays, sickness and attendance at post-graduate courses.

As it is difficult to estimate the amount of work that will be available for the municipal midwives, owing to the possibility of most of the private midwives remaining in practice, six full-time midwives were appointed and commenced duty on July 1st, 1937. This number will be increased as and when the necessity arises.

Arrangements with the Local Voluntary Associations.

The Oldham & District Nursing Association informed the Maternity and Child Welfare Committee that they did not propose to take part in the scheme for the provision of municipal midwives. They expressed their willingness to assist the committee in any emergency or during any temporary shortage of staff. The committee undertook to accept their offer of assistance should the necessity arise.

Fees.

The fees for the services of a municipal midwife will be 2 guineas per case, whether the midwife attends as "Midwife" or "Maternity Nurse."

Engagement of Municipal Midwives.

Medical practitioners or women who wish to engage municipal midwives can do so by applying to the midwife situated in their area. A booking fee of 10/- is charged the patient, and should be paid at the time of booking.

Attendance during the ante-natal period, labour and puerperium shall in every case be by a certified midwife.

It shall be the duty of a midwife to inform the patient of the advantages of ante-natal examination, and in all cases to refer her to a medical practitioner.

SCHEME FOR NECESSITOUS CASES.

Arising out of the discussions which took place between the Maternity and Child Welfare Committee and representatives of the local branch of the British Medical Association and the Oldham Medical Vigilance Committee, arrangements were made for ante-natal and post-natal examinations of uninsured women by general practitioners. This scheme was submitted to the Ministry of Health and was sanctioned under the Maternity and Child Welfare Act, 1918.

1. At an early stage of the pregnancy, the patient shall advise her usual medical attendant or some other practitioner of her choice, in case his services should be required in emergency if sent for by the midwife, in accordance with the requirements of the Midwives Act.

2. The patient shall have free choice of doctor for her ante-natal care.

3. Those who choose to attend the Ante-Natal Centre shall be referred by the Medical Officer of Health to their usual medical attendant not later than the thirty-sixth week, together with a report of the findings and observations of the Assistant Medical Officer for Maternity and Child Welfare.

The practitioner shall make such examination as he considers necessary, but shall accept no further responsibility for the case unless the midwife sends for him during the confinement. If the practitioner is in attendance at the confinement, he shall make a post-natal examination and report. Such examination shall be made some time between the fourteenth and twenty-eighth day after confinement.

The Assistant Medical Officer for Maternity and Child Welfare shall be responsible for the post-natal examination when this has not been made by the practitioner.

4. If the patient refuses to attend the Ante-Natal Centre and desires her own medical practitioner for her ante-natal care, he shall have the following duty to the patient:—

It will be the doctor's responsibility to see and advise such women as have chosen and been accepted by him whenever they are referred to him by the midwife for any condition arising during or out of the pregnancy. In every case he shall make at least three complete ante-natal examinations at about the twenty-eighth, thirty-second and thirty-sixth week, reporting according to the prescribed method and stating his opinion, either

- (a) That the case appears to be normal and can be safely attended at home by the midwife;
- (b) That there are such conditions as to make it desirable that the doctor shall be present at the confinement at the patient's home;
- (c) That there are such abnormalities present as to make it desirable that the delivery should take place in hospital.

The doctor will be responsible for attending at their homes all the cases in category (b), and when called in by the midwife, as now, for any cases placed in category (a) where conditions or circumstances arise in which a midwife is required by the rules of the C.M.B. to call in a doctor. In such a case he will give such further attendance as may be required during the puerperium. The doctor will further have, in every case, one post-natal consultation with the woman, and, with the patient's consent, will make any necessary pelvic examination (at some time between the fourteenth and twenty-eighth day after confinement).

Fees.

The fees payable by the Council to general practitioners for attendance of necessitous cases under this scheme shall be as follows:—

- (a) The fee for three ante-natal examinations and reports, and all other ante-natal examinations and reports deemed necessary, shall be 21s.
- (b) The fee for the examination made at the request of the Medical Officer of Health shall be 5s.
- (c) The fee for attendance during and after confinement shall be on the scale laid down by the Ministry of Health for payment when a midwife is required by the C.M.B. rules to call in a doctor.
- (d) The fee for post-natal examination and report shall be 5s.
- (e) When the services of a second practitioner are required for the purposes of administering an anæsthetic, the fee of £1 1s. 0d. shall be paid.

Provision of Ancillaries.

(a) The laboratory facilities, available under arrangements approved by the Ministry in accordance with the Puerperal Fever and Puerperal Pyrexia Regulations, are now at the disposal of practitioners for all cases. Specimens for examination should be left at the Health Office, where requests for the necessary apparatus should also be made.

(b) Supply of Milk: Necessitous expectant mothers and nursing mothers should be referred to the Medical Officer of Health, so that arrangements can be made for the supply of milk.

(c) Patients found at pre-natal or post-natal examinations to be requiring dental treatment which they are unable to afford should be referred to the Medical Officer of Health, in case they should be eligible for advice and treatment under the Committee's dental scheme.

(d) Sterilised maternity outfits will be available at the Maternity and Child Welfare Centre.

(e) There is provision at the Municipal Hospital for cases that require Institutional treatment, and when possible a practitioner will be allowed to attend the case so admitted.

The following is a summary of the work done by the Municipal Midwives from 1st July to the 31st December (both inclusive):—

Confinements—

Number of Cases booked	191
Number of Confinements attended	130

Visits—

Ante-Natal Visits	829
Visits during Lying-in Period	2,311
Post-Natal Visits	128

Fees—

Patients paying Full Fee	154
Patients paying Reduced Fee	14
Necessitous Cases (no fee)	23
Amount of Fees received	£212 11 0

Section IV.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

The Water Engineer (Mr. C. J. Batley) has kindly supplied the following particulars:—

No new source of further water supply has been placed in operation during the year.

Replacement of mains has been carried out where necessary to improve the supply, or where the mains have been old and defective. Extensions of mains to provide for newly-built property was the only new work undertaken by way of distribution.

The water supply during the year, both as regards quality and quantity, has been satisfactory.

The whole of the district has a piped supply, which is controlled by chemical and bacteriological examinations. During the year 64 samples taken from the supply works were submitted for examination, and all were entirely satisfactory. In no case has the sample indicated the presence of B. Coli in under 100 c.c.

The total storage capacity of all reservoirs is 2,527 million gallons, and there is available for domestic supply 1,829,106,000 gallons. The area of gathering ground of the works is 7,353½ acres.

The estimated population supplied during 1937 was 216,741, and the average amount of water used per head per day was 30.57 gallons.

On the 31st December, 1937, the supply in store was 1,506.942,000 gallons, or about 21 weeks' supply.

The following figures show the average daily consumption of water in the supply area for the previous years:—

1932	...	...	...	6,332,197
1933	...	...	...	6,706,541
1934	...	...	...	5,426,907
1935	...	...	...	5,943,064
1936	...	...	...	6,290,371
1937	...	...	...	6,626,683

The daily quantity of compensation water during 1937 was 3,079,288 gallons.

Drainage and Sewerage.

The Sewage Works are under the entire control of the Manager, Mr. J. Taylor, who reports direct to the Health Committee. He has supplied the following report:—

SEWAGE WORKS ANNUAL REPORT.

During the year constructional work on the new scheme, designed by your Consulting Engineers, Messrs. J. D. & D. M. Watson, M.M.Inst.C.E., of Westminster, has been progressing, and at the close of the year the following work had been done:—

Of Contract No. 1, which allows for the provision of aeration units, final separating tanks, biological filters, additional stormwater tank, primary and secondary sludge digestion tanks, and sludge drying beds, fairly good progress had been made.

In the aeration tanks, a large portion of the concrete work had been done and the installation of the diffuser equipment started.

In the final separating tanks, concrete work was 82% complete and the scraping mechanism was in the course of erection.

The stormwater tank was 54% complete; and the sludge drying beds were being prepared; the primary sludge digestion tanks, together with the gas-holder, were complete.

Contract No. 2, which was commenced at a much later date, allows for new pumping stations and alterations to existing buildings. Much progress had been made with the pumping stations, and with the conversion of an existing building into the new compressor room, workshops, mess-room, etc.

Alterations to the existing detritus tanks, to prevent the deposition of organic matter, have been done, and after several months working it seems that the alterations have been more or less successful.

The chimney belonging to the old Grossman Grease Extraction Plant was successfully felled on the 18th of April.

Routine work during the past year has been altogether upset, as it was necessary for the contractor to take over the greater portion of the contact beds. This put additional work on the already overburdened percolating filters, and as a consequence the effluents leaving the Works have been far from satisfactory during the daytime.

With the disuse of the old contact beds that treated supernatant water from the sedimentation tanks, and the diversion of this water for full treatment, a definite step forward has been made and a source of possible pollution of Bower Brook cut off.

In the year 1934 a start was made on the reconstruction and repair, together with the washing of clinker, of eight percolating filters, and during the year this work was completed. The work was carried out by the Sewage Works staff, and 20,000 tons of clinker have been washed in the washing plant and replaced.

The reconstructions were far from straightforward, as, on emptying each filter, it was found that the foundations of floors and walls had either cracked or given way altogether, and in several cases portions of the walls had fallen over. In addition, the ground underneath was waterlogged and had occasionally been washed away.

Where necessary, new floors and walls were constructed in reinforced concrete. The broken floor tiles were replaced by using tiles from the contact beds.

Further repair work has been started on the remaining filters, and two contact filters converted into percolating filters have been working satisfactorily since the 10th of September.

For several months clinker washing was done for the contractor, and the fine ashes obtained by this process will be used on the sludge drying beds.

In August the Gas Works were given permission to send gas liquor down to the Sewage Works, and the liquor was discharged for the first time on Monday, the 13th of September. By the end of the year the discharge was between 5,000 and 6,000 gallons per day. The flow is regulated throughout the day and metered.

Due to the discharge of this liquor to the Works, the Consulting Engineers deemed it advisable to construct an extra aeration unit, and this is being done.

The sludge collected in the sedimentation tanks has been pumped into the open lagoons throughout the year, but the area available for this purpose has been curtailed due to the conversion of some of them into sludge drying beds; in consequence, a much smaller amount of sludge cake was removed to the sludge tips. There is still a fair demand for sludge cake, and the amount of stock had diminished considerably by the end of the year.

Sewage Flow.

The total amount of sewage received for treatment during the year was 2,259,975,000 gallons, which is equal to a daily average flow of 6,191,712 gallons.

Sludge Disposal.

The total amount of sludge deposited in the tanks was 25,363 tons, equal to 11·2 tons per million gallons. The total amount of sludge cake removed from the works was 4,500 tons approximately.

The following analyses of sewages and effluents have been carried out by the Chemist, Mr. F. C. Holt, A.M.C.T., A.M.Inst.S.P.:—

Average results expressed in parts per 100,000.

	Sewage	Tank Effluent	Final Effluent
Oxygen absorbed in 4 hours' test ...	5·53	4·61	1·72
Free Ammonia	3·50	3·25	1·19
Albuminoid Ammonia	0·74	0·57	0·26
Chlorine	11·5	11·70	11·2
Nitrites and Nitrates	—	—	0·58
Suspended Matter—Mineral	5·80	2·80	2·30
„ „ Volatile	15·50	5·80	4·60
„ „ Total	21·30	8·60	6·90

Percentage of Purification—

	By 4 hours' Oxygen Absorption Test	By Albuminoid Ammonia Test
Sewage to Final Effluent	68·9	64·9
Tank Effluent to Final Effluent	62·6	54·4

One hundred and eighty-two samples of Final Effluent were incubated; 179 remained good, 3 were doubtful.

Average Biological Oxygen Demand of Final Effluent, 2·54.

The following are the average results of laboratory experiments on the aeration of sewage and of sewage plus gas liquor:—

TIME OF AERATION, 3 HOURS.

EXPERIMENT 1.	Sewage	Effluent	% Purification
Oxygen absorbed in 4 hours' test	7.34	1.75	76.1
EXPERIMENT 2.	Sewage plus 0.25% Gas Liquor	Effluent	% Purification
Oxygen absorbed in 4 hours' test	13.40	2.88	78.5
EXPERIMENT 3.	Sewage plus 0.30% Gas Liquor	Effluent	% Purification
Oxygen absorbed in 4 hours' test	16.8	4.87	71.0
EXPERIMENT 4.	Sewage plus 0.50% Gas Liquor	Effluent	% Purification
Oxygen absorbed in 4 hours' test	18.32	7.82	57.3

J. TAYLOR, A.M.C.T., M.Inst.S.P., A.M.I.S.E.,
Manager.

Rivers and Streams.

There is no river in the town and the water is carried away in small streams, one of which is now a main sewer and carries the water to the sewage works.

Closet Accommodation.

The total number and type of closets in the Borough at the end of 1937 and the previous four years were as follows:—

	1933	1934	1935	1936	1937
Fresh Water Closets ...	12,031	12,875	13,542	13,871	14,458
Waste Water Closets ...	24,577	24,555	24,541	24,523	24,460
Latrines ...	2,889	2,846	2,823	2,751	2,642
Pail Closets ...	1,420	1,333	1,295	1,218	1,119

The above figures for 1937 represent 40,889 houses, 586 mills and workshops, and 255 churches and schools.

It will be seen from these figures that there are still 1,119 closets not on the water carriage system. A certain number of these will be demolished as a result of slum clearance. A large number of cases cannot be dealt with owing to the lack of or inaccessibility of the sewer.

The number of waste water closets and latrines shows little reduction in number when compared with previous years. In the Survey Letter of the Ministry attention was drawn to the fact that the number

of waste water closets in the Borough was nearly double the number of ordinary W.C.s, and the desirability of taking steps to remedy this defect in the services of the town. The Health Committee referred this recommendation to the Carrying and Cleansing Committee for their attention.

Public Cleansing.

The Director of Public Cleansing (Mr. J. L. Haslop) has kindly supplied the following particulars:—

There are no ashpits in the Borough. Almost all the house refuse from the 39,205 ash cans is collected by motor vehicles and is dealt with by tipping under the controlled system. This system is now used for 50 per cent. of the total house refuse collected.

There is only one Refuse Disposal Works, and this is situated at Rhodes Bank. The Carrying and Cleansing Committee intend to proceed with the erection of a new Refuse Disposal Works at Rhodes Bank, and this will replace the existing works.

The conversion of the sanitary pail closet to the fresh water system goes on very slowly. The Surveyor's Department are finding many engineering difficulties in the way of rapid conversion.

The following figures indicate the amount of work done during the year:—

House and Trade Refuse Collection.

Number of Ashbins emptied ...	...	...	...	1,962,640
„ Sanitary Pails emptied ...	...	...	...	61,598
„ Collections of Butchers' Offal ...	...	...	...	2,236
„ Collections of Fish Offal ...	...	...	...	20,055
„ Loads of Excreta collected ...	...	...	...	896
„ Loads of Butchers' Offal collected ...	...	...	...	489
„ Loads of Fish Offal collected ...	...	...	...	1,235
„ Tons of Ashes taken to Destructors ...	...	...	...	12,145
„ Tons of Ashes taken to Corporation Tips ...	...	...	...	14,141
„ Tons of Shoddy Dirt received ...	...	...	...	29
„ Tons of Peat Moss Manure received ...	...	...	...	113
„ Tons of Clinker removed from Destructors ...	...	...	...	2,818
„ Tons of Baled Tins sold ...	...	...	...	320
„ Tons of Mortar sold ...	...	...	...	965
„ Tons of Shoddy Manure sent out by rail ...	...	...	...	484
„ Square Yards of Flags sold ...	...	...	...	1,920

Waste Water Closets and Latrines.

Blockages cleared (W.W.C.'s)	...	...	...	...	4,851
Blockages cleared (Latrines)	...	...	...	...	52
Drains cleared	...	...	...	...	234
Drains found blocked, requiring excavating	...	...	...	...	242
Tippers found not working and re-adjusted	...	...	...	...	343
Tippers, fittings, etc., found broken...	...	...	...	...	961
Newippers, fittings, etc., fixed	...	...	...	...	1,086
Visits paid flushing Latrines, etc.	...	...	...	...	10,785

GENERAL SANITARY INSPECTION.

This work is carried out by nine Assistant Sanitary Inspectors, under the direction and control of the Chief Inspector. One Assistant is employed solely on meat and other foods inspection, one on duties under the Slum Clearance Programme, and one as Inspector under the Shops Act. There are six District Inspectors, who are each responsible for one of the districts into which the town is divided.

The following report is submitted by Mr. George Winterbottom, the Chief Sanitary Inspector:—

15th February, 1938.

To the Medical Officer of Health.

Sir,

I have pleasure in presenting to you my report of the work done by your staff of Inspectors for the past year.

Contagious Diseases of Animals. We have had no outbreak of contagious disease during the year.

Food Inspection. The visits paid to premises where food is prepared or deposited for sale numbered 13,328. As a result of these visits, over 36 tons of diseased or unsound food was destroyed, all of which was surrendered by the vendors. During the year 676 cases of tuberculosis in cattle and 277 in swine were dealt with.

Slaughterhouses. We began the year with 34 slaughterhouses on the register. None were added but one was lapsed during the year.

Dairies and Cowsheds. Two hundred and seventy-one visits were paid during the year. Over 400 cows found on the premises at the time of the inspections were examined, but none showing signs of tuberculosis were found.

Bacteriological Examination of Milk. During the year 91 samples of milk have been examined for tuberculosis, as follows:— Seventy-six samples from 32 farms within the Borough, 15 samples from farms outside the Borough; 6 samples being found affected with tuberculosis, viz., 5 from Oldham farms and 1 from an out-district farm.

Samples of Food and Drugs. During the year 274 formal samples were obtained under the Food and Drugs Act and 29 samples informally, making a total of 303 samples, all of which were submitted to the Borough Analyst.

Smoke Inspection. During the year 537 observations were made. In one case the limit was exceeded, and the offender was fined by the magistrates.

Inspection of Nuisances. During the year 2,175 notices were served for the abatement of nuisances; of these, 2,169 were remedied during the year. In connection with these nuisances, 7,502 re-visits were paid during the year.

Closet Accommodation. During the year 43 additional closets were provided for houses and 13 for workshops. Since we began this work, 3,269 additional closets have been provided.

House Inspection. During the year 4,362 houses were inspected under the Housing Act and Public Health Act. A notice to cleanse was served on 9 occupiers, all of which were complied with before the end of the year. The number of houses found defective amounted to 681. Six hundred and ninety-three houses were repaired during the year, 38 of which were arrears from 1936.

Houses Let-in-Lodgings. During the year 4,067 visits were paid, resulting in the serving of 1 notice to cleanse, 31 notices to repair, 7 notices for overcrowding, 2 notices for failing to register; a total of 39 notices, all of which were complied with during the year. During the year 2 houses containing 15 rooms have been added to the register, and 19 houses containing 100 rooms have been lapsed. At the end of the year we had 85 houses containing 574 rooms on the register.

Infectious Disease. The number of visits paid amounted to 627, a decrease of 640 when compared with the previous year. In addition, 17 visits were paid to cases of consumption, for the purpose of arranging for disinfection.

In conclusion, I desire to express my thanks for the great assistance I have received from all the members of the staff, and to yourself for your confidence and support.

I beg to remain,

Yours respectfully,

(Signed) GEORGE WINTERBOTTOM,

Chief Sanitary Inspector.

SUMMARY OF WORK DONE BY SANITARY INSPECTORS.

Number of Complaints received and visited	1,918
Re-inspection of Nuisances under notice	7,502
Number of Houses visited on complaint	2,810
Letters to Owners, Agents, etc.	272
Number of Informal Notices served	2,175
Number of Informal Notices complied with	1,261
Number of Cases reported to Health Committee	914
Number of Statutory Notices served	914
Number of Cases dealt with by Magistrates	10

NOTICES TO OWNERS—

Accumulations	111
Choked and Defective Drains	525
Defective Roofs	319
Defective Water Pipes	58
Defective Water Closets	44
Defective Waste Water Closets	863
Defective Yard Surfaces	33
Defective Ash Bins	607
Miscellaneous	421

NOTICES SERVED ON OCCUPIERS OF HOUSES—

Dirty Conditions	9
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MISCELLANEOUS VISITS—

Number of Visits to Houses (Housing Acts and Public Health Acts)	4,362
" " Cases of Infectious Disease	627
" " Cases of Tuberculosis	17
" " Privies	7,942
" " Bakehouses	1,006
" " Pigsties	18
" " Tents, Vans, and Sheds	475
" " Houses Let-in-Lodgings	4,067
" " Offensive Trades	242
" " Mill Lodges	153
" " Milk Shops	997
" " Factories and Workshops	666
" " Shops (Shops Act, 1934)	4,538
Number of Smoke or other Tests	1,142
Number of Smoke Observations	537

FOOD INSPECTION—

Number of Visits paid to Slaughterhouses	...	...	...	...	...	...	...	5,992
Ice Cream Vendors	...	...	...	...	...	...	...	58
Butchers' Shops	...	...	...	...	...	...	...	4,693
Fish Shops	...	...	...	...	...	...	...	847
Fruit and Vegetable Shops	...	...	...	...	...	...	...	515
Other Shops	...	...	...	...	...	...	...	262
Markets	...	...	...	...	...	...	...	181
Cattle Wharves	...	...	...	...	...	...	...	313
Corporation Destructors	...	...	...	...	...	...	...	92
Dairies	...	...	...	...	...	...	...	72
Cowsheds	...	...	...	...	...	...	...	199

Common Lodging Houses.

These premises are under the control of the Police and regularly inspected by members of the force.

There is very little demand in the town for this type of accommodation, and the owners complain of the very poor business they do.

Some of the houses, though old and dilapidated, are kept very clean.

At the end of the year there were eight premises, providing accommodation for 712 persons, registered as Common Lodging Houses; of these, five receive men only, one women only, and two men and women.

Offensive Trades.

The following offensive trades are carried on in the Borough:—

					1936	1937
Tripe Boilers	...	...	...	...	7	7
Marine Stores	...	...	...	...	10	11
Gut Scraper	...	...	...	...	3	4
Grease Works	...	...	...	...	1	1
Glue Maker	...	...	...	...	1	—
Hide and Skin Depot	...	...	...	...	2	2
					—	—
			TOTALS	...	24	25
					—	—

Regular inspections were made of all premises on which offensive trades are established. In most instances reasonable precautions were being taken to prevent a nuisance, and in no case was it found necessary to institute legal proceedings.

The visits paid to these premises numbered 242; two notices were served in respect of defects.

Bakehouses.

During the year 10 new premises were registered as Bakehouses and 24 were discontinued, making a total of 287 on the register at the end of the year, as compared with 301 for 1936.

The following is a summary of the work done:—

Number on Register, 1st January, 1937 ...	301
Number on Register, 31st December, 1937...	287
Number of Inspections made... ..	1,006
Number of Notices served	30
Number of Notices complied with	30

The following defects were found:—

Defective Roof... ..	—
Defective Drains	3
Other Defects	27

Factories, Workshops and Workplaces.

The following tables are inserted in compliance with Section 132 of the Factory and Workshop Act, 1901:—

1. INSPECTION.

Including inspections made by Sanitary Inspectors.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers Prosecuted (4)
Factories (Including Factory Laundries) ...	54	12	...
Workshops (Including Workshop Laundries) ...	560	6	...
Workplaces (Other than Outworkers' Premises)	151	4	...
Totals	765	22	...

2. DEFECTS FOUND.

Particulars (1)	Number of Defects			Number of offences in respect of which Prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Nuisances under the Public Health Acts:—*				
Want of cleanliness ...	...	...	...	...
Want of ventilation ...	...	...	...	...
Overcrowding ...	...	...	...	...
Want of drainage of floors ...	...	...	...	...
Other nuisances ...	8	7	...	...
Sanitary accommodation—				
Insufficient ...	4	4	...	...
Unsuitable ...	...	...	...	...
Defective ...	10	10	...	...
Not separate for sexes	...	...	...	...
Offences under the Factory and Workshop Acts:—				
Illegal occupation of underground bake-houses (s.110) ...	...	...	...	...
Other offences (Excluding offences relating to outwork and offences under Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)	...	...	...	...
Totals ...	22	21	...	...

*Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3. OUTWORKERS.

One list was received from an employer regarding outworkers. This list concerned only one person.

4. REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year	Number
Blacksmiths	4
Bottlers (Beer)	2
Cabinet Makers	6
Carriage Builders	2
Cartsheet Manufacturer	1
Clog, Boot and Shoe Makers and Repairers	66
Coffin Makers	2
Cotton Waste Dealers	6
Cycle Makers and Motor Engineers ...	11
Dress Makers	19
Electricians	4
Electro-Plater	1
Firewood Manufacturer	1
French Polishers	2
Heating Apparatus Manufacturer	1
Hosiery and Stocking Knitter	1
Ice Cream Manufacturers	19
Joiners	10
Laundries	5
Liquid Soap Bottler	1
Mantle Makers	6
Milliners	11
Mineral Water Manufacturer	1
Monumental Masons... ..	3
Paint and Varnish Maker	1
Pattern Makers	2
Picture Framers	2
Plasterer	1
Plumbers	11
Printers	3
Saddlers	4
Saw Cutters	2
Scale Makers	3
Skip Makers	5
Sugar Boiler	1
Tailors	18
Tile Fitters	2
Tinsmiths	9
Upholsterers	5
Watch Repairers	7
Wheelwrights	3
Sundry Trades	2
Total Number of Workshops on Register	266

5. OTHER MATTERS.

Class	Number
Matters notified to H.M. Inspector of Factories— Failure to affix Abstract of the Factory and Workshop Act (S. 133), 1901	Nil
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (S. 5), 1901	Notified by H.M. Inspector. Reports (of action taken) sent to H.M. Inspector 2
Other	7
Underground Bakehouses (S. 101)— Certificates granted during the year	Nil
In use at the end of the year	10

Shops Act, 1934.

An additional inspector was appointed to undertake duties under this Act, and he commenced his duties in January. During the year a register of shops and places covered by the Shops Act was compiled. At the end of the year 795 tenanted shops were on this register. During the year 4,538 visits and inspections were made to premises on the register.

OCCUPIED SHOPS.

Sale of Wearing Apparel, including Drapers, Milliners, Furriers, Costumiers, Tailors, Hosiers, Hatters, Boot and Shoes ...	170
Sale of Provisions, including Grocers, Bakers, Butchers, Green-grocers, Fishmongers, Dairies	397
Sale of Refreshments, including Temperance Bars, Wine Merchants, Milk Bar	12
Sale of Furniture, including Ironmongers, Wallpaper Dealers, Electricians and Wireless, Glass and Hardware	88
Sale of Other Articles, including Hairdressers, Jewellers, Pawnbrokers, Chemists, Photographers, Coal Merchants, Cycle and Motor Accessories, etc.	109
Mixed Shops, including Tobacconists, Newsagents, Stationers ...	19
	795
Unoccupied Shops	10
Total Number of Shops on Register	805

The following notices were served in respect of non-compliance with the Act:—

To provide suitable and sufficient means of Ventilation ...	0
To provide means of maintaining a reasonable Temperature ...	0
To provide suitable and sufficient Sanitary Conveniences ...	10
To provide suitable and sufficient means of Lighting ...	0
To provide suitable and sufficient Washing Facilities ...	1
To provide suitable and sufficient facilities for the taking of Meals	0
To provide seats for Female Assistants ...	0
Failing to exhibit the prescribed Form re Assistants' Half-Holiday	0
Failing to exhibit the prescribed Forms under the Shops Act, 1934 ...	2
Failing to keep records of the hours of Employment of Young Persons ...	0
Failing to comply with the Half-Holiday Closing Regulations...	0

The following notices were served in respect of Sanitary Defects:—

Drains and Sanitary Conveniences unsuitable, defective, or foul	37
Premises dirty or with foul accumulations ...	0
Premises damp, roofs leaky, or waste pipes defective ...	5
Premises without proper receptacles for trade refuse ...	8
Other nuisances ...	2
Total Notices served under all Acts	65

During the year four persons were prosecuted for offences under the Act, namely:—

- (i) For employing young persons for more than the maximum working hours; and also
- (ii) For failing to keep the prescribed records.

On two offenders a fine of 20s. was imposed, and on the other two a fine of 10s.

Sale of Beer in Public Houses.

During the year special attention has been given to the conditions under which beer is sold in public houses. In the Chief Medical Officer's Annual Report for 1935 special attention was drawn to the number of complaints that had been received in recent years of the insanitary conditions under which beer is sold in public houses. Such complaints alleged that the pipes and pumps were not kept clean, but were allowed to become encrusted with slime and filth, that the vessels and filters in which waste beer is collected and clarified for future consumption were freely exposed to the dust and dirt of cellars, and that leavings from customers' glasses were mixed with the rest of waste beer and re-sold over the counter. Similar complaints were brought before the Royal Commission on Licensing in 1929-30. Evidence was given by the Kensington Borough Council on the results of visits to public houses by their inspectors, and it was found that in many cases the complaints were fully justified and that the conditions under which beer was sold by retail were not always satisfactory.

No attention had been given to this matter in Oldham, but during the year it was decided that a special investigation should be made. This enquiry was undertaken by Mr. V. C. Quin, the recently appointed Shops' Inspector, and he is to be congratulated upon the thoroughness of his work and his detailed report.

Generally speaking, it can be said that the conditions in the Borough are fairly satisfactory and, in the majority of the houses visited, above criticism. I have personally visited a number of these houses, and was struck by the care taken with regard to cleanliness of the cellar, the pipes and pumps, and drip sinks. Many of the licensees take a real pride in their trade and premises, and realize not only is cleanliness necessary for hygienic reasons, but also that it pays, dirt and neglect affecting the quality of the beer.

The visit of an inspector means that a high standard will be reached and maintained, and so such visits will become a routine of the department. It would be of considerable value if similar investigations were made into the conditions under which food is prepared and sold in restaurants and cafes. A detailed investigation into the conditions of sale and storage of food in grocers' shops would also provide interesting and valuable information. It is hoped that in the future these matters will receive investigation.

The following report has been prepared by Mr. V. C. Quin, Assistant Sanitary Inspector:—

Inspection of Public Houses.

During the year ending 31st December, 1937, 233 visits were made to 207 public houses situated within the County Borough, and the following report is submitted.

Disposal of Slop Beer.

1. From customers' glasses, trays, etc.: In every case a sink has been found to be provided at the bar, and these slops are said to be disposed of by this means. In view of the fact that this operation must be carried out under the observation of the customers at the bar, it seems unlikely that any other method can be adopted.

2. Slops from drip cans under pumps and barrels, and other slops which may be re-sold: About half the licensees use up the contents of the drip cans at the bar as they accumulate. They are disposed of by putting a little in each glass ordered from the rooms, but not in those served at the bar. Most of the remainder of the licensees take these slops down to the cellar, filter them, and return the filtered liquid to the barrel. In some cases a combination of the two methods is favoured. At one public house the landlord claims to drink all slop beer himself; at others it is drunk by the staff.

At some of the premises no receptacles of any kind were found under the taps of barrels, the fitting up of the pipes having been done in such a manner that there were no drippings. In most instances where open jugs, bowls, or buckets were found in position under the taps, these receptacles were apparently a precautionary measure only, being empty. Barrel slops are usually dealt with by filtering and returning to the barrel, but in some cases they are thrown away, and in two instances used for drawing through pipes after cleaning, so as to remove the taste of the cleaning solution, and then thrown away.

Some breweries make an allowance to the licensee in respect of the dregs of a barrel. In other cases where no such allowance is made, the dregs are filtered and used up.

Filters.

One group of brewery companies has a rule that no beer is to be replaced in the barrel, thus obviating the use of filters.

The majority of the filters in use are of copper, tinned copper, or enamel, in the form of a tun-dish or funnel with copper gauze filter section.

In quite a number of cases, however, felt filters are used, the disadvantages of which are:—

- (1) They are hung by tapes from the roof, and a bucket is placed underneath to catch the filtered beer. This method is very slow, and by the time the contents of the filter have percolated through an appreciable amount of dust must have fallen into the open bucket;
- (2) The felt filter does not appear to be capable of proper cleansing.

In two instances filters of sackcloth and wood construction were in use, and in three others copper filters were supplemented by glass-cloths.

Some carelessness is observable in the storage of filters, which are very often left lying in exposed positions in the cellars.

Utensils.

Two hundred and two public houses had hot and cold water fitted to the sink at the bar for the cleansing of glasses. Five cases had cold water only; one of these has been reconstructed and hot water fitted during the year. Utensils were invariably found to be clean.

One practice, however, merits condemnation; namely, the refilling of used glasses without washing when a repeat order is given by a customer. This is sometimes done at the customer's request, but it means that any overflow from the dirty glass joins the rest of the slop beer in the receptacle under the pump, this eventually being consumed. The objection to this is obvious. There is also a possibility of a customer being given the wrong glass in error.

Drip Sinks.

This fitting has been found to be of the "solid" type in most public houses, i.e., there is no outlet to the metal tray. Four premises had drip sinks connected with the cellar by a pipe discharging into a bucket. A number discharged into a bucket or jug immediately under the tray.

One fitting, installed fairly recently by a well-known firm of beer machine manufacturers, includes a device for drawing the slop from the tray under the pumps (which slop includes mild and bitter beer and possibly other drinks) through a small filter for return to the barrel of mild beer !

Pipes and Pumps.

As a rule these are cleaned weekly by the following method: They are filled up at night with a hot solution of soda or detergent, and left to stand until morning. Then cold water is pumped through until the pipes have been cleared.

Pipes are of two main types:—

- (a) Sectional;
- (b) Non-sectional.

(a) Sectional Pipes:

Of monel metal, block tin, stainless steel, or glass construction, these pipes are fitted in the majority of the premises inspected.

They are the best type, as they can be dismantled and cleaned with a brush, in addition to routine cleansing. Dismantling of the entire system is often undertaken by the brewery company at intervals of three to six months.

(b) Non-sectional Pipes:

Are usually part rubber and part tin-lined lead, although some are entirely of tin-lined lead.

Pumps.

These can be divided into:—

- (1) Leather bucket type;
- (2) All-metal construction type.

The latter are more satisfactory from the hygienic standpoint.

Pumps are generally inaccessible, many landlords not being competent to take them down. This is done at intervals by the brewery.

Place of Storage.

In 204 cases this was the cellar. Three public houses, however, had beer stores at the rear of the premises, the configuration of the land bringing these stores partly below ground level.

Only three cellars were found to be dirty, although several were untidy. Many had stoned floors, and some floors were also painted white round the walls. A cause of complaint in some cases was that defective doors to the yard or street allowed dust to enter the cellar. In others coal was being kept in the beer cellar, either because there was no other place of storage or to save going outside in wet weather, etc.

Only in a few public houses were open buckets of beer found standing in the cellars, some landlords having already provided covered buckets for slops.

General Remarks.

The good conditions in most of the premises inspected seem to be due in the main to the efforts of the breweries, who maintain supervision by means of their own inspectors. Also, as one landlord remarked: "The men come from the brewery with the beer each week, and if things aren't as they should be they soon talk".

Again, most of the licensees seem to take a genuine pride in their premises, and I have met with no obstruction in my inspections. One landlord whose customers are mainly rag and bone hawkers nevertheless has his premises in a spotless condition.

In all, twenty brewery companies control the premises visited. Only three public houses were free from brewer.

One brewery company apparently exercises little supervision, as most of their premises have been found to be below the general standard.

Action Taken.

One informal notice has been served in respect of a defective cellar floor; it was promptly complied with.

Verbal advice or warnings were given as shown below:—

Open buckets of beer standing in cellar (other than under taps)	7
Zinc buckets in poor condition	4
Enamel buckets in poor condition	2
Limewashing required	9
Dirty cellars	3
Broken doors admitting dust	6
Ventilator admitting dust	1
Use of felt filters	12
Dirty or unsuitable filters	10
Use of wood and sacking sieve	2
	56

Smoke Abatement.

During the year 537 smoke observations of 30 minutes duration were taken. The extent of the emission of black smoke was as follows:—

No black smoke	272
Under 1 minute	113
1 and under 2 minutes	106
2 and under 3 minutes	43
3 and under 4 minutes	2
Over 4 minutes	1

One firm exceeded the limit. The offender was brought before the magistrate and fined 10s. with costs.

There are 19 mills in the Borough which have in use some form of smoke appliance. In addition to these, 4 mills are electrified and 14 partially electrified. In 68 mills and workshops with chimneys there are no appliances fixed.

The following table shows the number and type of smoke appliances in use in the Borough at the end of the year:—

Name of Appliances	No. of Mills	No. of Boilers
Auto-Coking Machines	2	7
Broadbent's Louvre Air Regulators ...	4	21
Caddy's Tubular Bars	3	10
Butterworth's Sectional Bars	1	4
Hollow or Split Bridge Walls	—	—
Hamer's Patent Expansion Joints	1	4
Sanger & Webster's Patent Air Regulators	1	4
Johnson's Smoke Consumer	—	—
Courts Turners Engineering Co.'s Doors...	—	—
Babcock & Wilcox Patent	1	13
Mellor's Patent	2	3
Evans' Patent	—	—
Waddington's Premier Stoker	—	—
Jack Patent Expansion Joint	1	4
Procter's Automatic Stokers	2	5
Meldrum Steam Jets	1	1
Totals	19	76

Swimming Baths and Pools.

The General Superintendent of Baths (Mr. T. Beattie) has kindly supplied the following particulars:—

During the year the Lowermoor, Hathershaw, Robin Hill, Glodwick, and Hollinwood Baths have each been equipped with a complete installation, giving a three hours' turnover with continuous chemical treatment.

The Central and Waterhead Baths still lack a Chlorination Plant, and are chemically treated by hand daily as required.

Consideration is being given to the reconstruction of the Central Baths, and a Filtration Plant, with a four-hour turnover Chlorination Plant, is contemplated for the Waterhead Baths.

There are no Open Air Baths within the Borough and no privately owned baths or pools.

Eradication of Bed Bugs.

The undermentioned table shows the number of houses which have been found to be infested and the number disinfested.

			Council Houses	Other Houses
Infested Houses on books, 1st January, 1937	...	...	62	—
Number found infested during year	...	...	301	544
			363	544
Number disinfested by H.C.N.	...	...	325	74
Number disinfested by spraying with liquid insecticide	...	...	34	345
Number on books, 31st December, 1937	...	...	4	Nil

Under the slum clearance programme, 74 houses were disinfested by H.C.N. and 51 by spraying before demolition.

Blocks of houses found to be verminous and belonging to the Corporation are subject to Hydrogen Cyanide Gas. An arrangement exists whereby the tenants of such houses are bathed at the Health Yard, and housed for a night at a Corporation establishment until the houses are declared free from gas.

Infested houses, other than Corporation property, are subjected to spraying with Zaldicide, a liquid insecticide, at the tenant's or owner's request.

Tenants of privately owned houses certified verminous and taking up the tenancy of a Council House, are bathed at the Health Yard, their personal clothing and bedding steam-disinfested, and their furniture and other belongings removed in a special van. The furniture in the van is disinfested by Hydrogen Cyanide Gas before being placed in the Corporation house.

The work of disinfestation by Hydrogen Cyanide Gas is undertaken by a contractor.

Disinfestation by spraying and the bathings and steam disinfection of bedding is under the control of the Public Health Department

Section V.

HOUSING

General.

At the end of 1937 there were 40,889 dwelling houses in the Borough. These figures include 2,478 back-to-back and single type houses, 3 cellar dwellings, and 79 vans or sheds used for human habitation.

Slum Clearance.

During the year 22 Clearance Areas, including 300 houses, were officially represented. A Ministry of Health Inquiry was held on the 15th September by G. B. Bridgman, Esq., F.R.I.B.A. The result of the inquiry had not been received at the end of the year.

The following insanitary houses were dealt with as individual houses:—

(a)	Demolition Order (Section 11)	...	...	...	8
(b)	Closing Order (Section 12)	...	...	...	4
(c)	Undertaking accepted: Not to be used for human habitation (Section 11)	...	...	...	2

The original Slum Clearance Programme included 889 houses to be dealt with as Clearance Areas and Individual Unfit Houses. At the end of the year Clearance, Demolition, and Closing Orders had been made in respect of 584 houses. These necessitated the displacement of 2,147 persons, of whom 2,135 had been re-housed at the end of 1937. There were at the end of the year 12 persons, representing 2 families, waiting to be re-housed.

The number of unfit houses which formed the original five-year programme will be considerably exceeded, as more detailed inspection has revealed additional insanitary areas and individual houses which can only be dealt with by demolition. If we include the houses officially represented during the year—300 as Clearance Areas and 7 as Individual Unfit Houses—a total of 891 houses have been dealt with, and the original programme has been exceeded. A further list of 242 houses will be officially represented early in the new year as Clearance Areas.

In addition to these, there are approximately 350 unfit houses under consideration, and approximately 2,200 back-to-back and single type houses which require to be dealt with in the future.

Other Demolitions.

Twenty-one houses were demolished or closed voluntarily in the course of general improvement schemes during the year. The following were the types of houses affected:—

Through	...	...	...	9
Back-to-back	...	...	...	12

The following tables give details of the areas represented in the years 1934-7, and the progress made in re-housing and demolition of the properties.

Date of Representation	AREA		Acreage	Type of Premises to be demolished in the Area.										No. of Families in the Area	Date of Ministry of Health Inquiry	Date of Confirmation of Order	Property Excluded as Result of Inquiry	Houses Vacated	*Persons Re-housed by Corporation up to Dec. 31st, 1936	Houses Demolished
	No.	Name		Back-to-Back Houses	Single Houses	Single Room Dwellings	Through Houses	Combined Houses & Shops	Other Premises	Total Premises	Population of Area									
22/2/34	1	Beever Street No. 1	...	—	7	—	2	—	—	2	10	5	19/6/34	12/10/34	—	—	2	5	2	
"	2	Beever Street No. 2	...	—	—	—	5	—	—	12	58	12	"	22/8/34	—	—	12	56	12	
"	3	Beever Street No. 3	...	16	—	—	1	—	—	17	62	16	"	5/10/34	—	—	17	60	17	
"	4	Bottomley Street ...	...	3	—	—	—	—	—	3	14	3	"	22/8/34	—	—	3	14	3	
"	5	Bow Street	...	35	9	—	12	1	2	59	266	69	"	5/10/34	—	—	59	245	59	
"	6	Brunswick Street ...	...	—	4	—	—	—	—	4	9	4	"	22/8/34	—	—	4	2	4	
"	7	Cross Street No. 1	...	2	2	—	—	3	—	7	22	4	"	5/10/34	—	—	7	22	7	
"	8	Cross Street No. 2	...	4	—	—	—	—	—	4	9	3	"	12/10/34	—	—	4	9	4	
"	9	Cross Street No. 3	...	—	—	—	4	—	—	4	22	5	"	5/10/34	—	—	4	20	4	
"	10	Cross Street No. 4	...	—	—	—	2	—	—	2	9	4	"	12/10/34	—	—	2	5	2	
"	11	Darker Street	...	—	3	—	—	—	—	3	13	3	"	5/10/34	—	—	3	13	3	
"	12	Duke Street	...	6	—	—	1	—	—	7	44	17	"	"	—	—	7	18	7	
"	13	Fountain Street	...	8	—	—	—	—	—	8	37	8	"	22/8/34	—	Area dismissed by Ministry, Property owned by Corporation.	8	37	8	
"	14	Higher Moor	...	6	7	—	12	—	—	25	88	25	"	5/10/34	—	—	25	77	25	
"	15	Hollins Road	...	—	4	—	11	—	—	15	50	15	—	—	—	—	—	—	—	
"	16	King Street	...	2	7	—	—	—	—	9	29	11	19/6/34	5/10/34	—	1 Back-to-Back House.	9	29	9	
"	17	Old Church Street...	...	1	—	—	2	—	—	3	15	2	"	—	—	2 Through Houses	—	—	—	
"	18	Peter Street	...	1	—	—	—	—	—	1	4	1	"	22/8/34	—	—	1	4	1	
"	19	Roundthorn Road...	...	—	—	—	9	—	—	9	45	9	"	5/10/34	—	—	9	40	9	
"	20	Station Street	...	—	1	—	1	—	—	2	13	2	—	—	—	Area dismissed by Ministry. Property owned by Corporation.	—	—	—	
"	21	Back Thomas Street	...	2	—	—	2	—	—	4	17	4	19/6/34	5/10/34	—	—	4	17	4	
"	22	Vineyard Fold	...	9	5	—	—	—	—	14	52	13	"	5/10/34	—	—	14	37	14	
"	23	Vineyard Street No. 1	...	2	—	—	7	—	—	9	34	8	"	12/10/34	—	2 Back-to-Back Houses	7	26	7	
"	24	Vineyard Street No. 2	...	1	—	—	—	—	—	3	23	6	"	5/10/34	—	—	3	7	3	
"	25	Woollacot Street	...	10	1	—	2	—	—	11	27	11	"	5/10/34	—	—	11	22	11	
		25		108	50	—	73	4	2	237	972	260	—	—	22	—	215	765	215	

* 121 Persons (representing 45 families) were re-housed under their own arrangements, and did not accept the accommodation available.

Date of Representation	AREA		Acresage	Type of Premises to be demolished in the Area.										No. of Families in the Area	Date of Ministry of Health Inquiry	Date of Confirmation of Order	Property Excluded as Result of Inquiry	Houses Vacated	*Persons Re-housed by Corporation up to Dec. 31st, 1937	Houses Demolished to Dec. 31st, 1937
	No.			Back-to-Back Houses	Single Houses	Single Room Dwellings	Thorough Houses	Combined Houses & Shops	Other Premises	Total Premises	Population of Area									
21/2/35	26	Ashton Road No. 1	4	—	—	1	—	—	5	21	6	23/7/35	13/11/35	—	—	5	21	5		
"	27	Ashton Road No. 2	2	—	—	—	—	—	5	5	2	"	"	—	—	5	5	5		
"	28	Bargap	—	5	—	—	—	—	5	12	5	"	"	—	—	5	9	5		
"	29	Baron Street	—	—	—	2	—	—	2	14	2	"	23/10/35	—	—	2	14	2		
"	30	Cannon Street	7	1	—	1	—	—	9	23	7	"	13/11/35	—	—	9	7	9		
"	31	Cartwright Street	—	4	—	1	—	—	5	16	5	"	"	—	—	5	16	5		
"	32	Cemetery Street	—	—	—	4	—	—	4	18	4	"	"	—	—	4	16	4		
"	33	Cheetham Street	7	—	—	3	—	2	12	28	9	"	"	—	—	12	26	12		
"	34	Emma Street	—	3	—	—	—	—	3	12	3	"	"	—	—	3	12	3		
"	35	Fielding Street No. 1	4	—	—	—	—	—	4	11	4	"	"	—	—	4	11	4		
"	36	Fielding Street No. 2	7	1	—	—	—	—	8	33	8	"	"	—	—	8	27	8		
"	37	Garside Fold	—	4	—	—	—	—	4	18	5	"	"	—	—	4	12	4		
"	38	Hollins Road No. 2	1	—	—	3	—	—	4	11	5	"	"	—	—	4	6	4		
"	39	Ironmonger Street	14	1	—	6	—	—	21	64	19	"	"	—	—	21	58	19		
"	40	Lee Street No. 1	2	3	—	—	—	—	5	13	5	"	"	—	—	5	13	5		
"	41	Lee Street No. 2	6	—	—	2	—	—	8	29	10	"	"	—	—	8	24	8		
"	42	Lees Road No. 1	—	5	—	3	—	—	8	18	6	"	"	—	—	8	18	6		
"	43	Littlemoor Lane	3	—	—	—	—	—	3	15	3	"	"	—	—	3	15	3		
"	44	Longley Street	—	—	—	2	—	—	2	7	2	"	"	—	—	2	7	—		
"	45	Lyon Dam No. 1	—	5	—	—	—	—	5	23	5	"	"	—	—	5	23	—		
"	46	Lyon Dam No. 2	—	—	—	2	—	—	2	12	2	"	—	2 Through Houses	—	—	—	—		
"	47	Mount Pleasant St. No. 1	15	1	—	2	—	—	18	66	19	"	13/11/35	—	—	18	56	18		
"	48	Mount Pleasant St. No. 2	3	—	—	—	—	—	3	16	3	"	"	—	—	3	16	3		
"	49	Roundthorn Rd. No. 2	—	—	—	3	—	—	3	13	4	"	23/10/35	—	—	3	10	3		
"	50	Scott Street No. 1	3	—	—	—	—	—	3	11	3	"	"	—	—	3	11	3		
"	51	Terrace Street	—	2	—	—	—	—	2	5	3	"	"	—	—	2	5	2		
"	52	West Street No. 1	2	—	—	2	—	—	4	8	4	"	13/11/35	2 Back-to-Back Houses	—	2	3	2		
"	53	West Street No. 2	—	—	—	4	1	—	5	24	5	"	"	—	—	5	21	5		
		28	80	35	—	41	1	2	159	546	158	—	—	4	—	155	462	144		

*69 persons (representing 25 families) were re-housed under their own arrangements, and did not accept the accommodation available.

Slum Clearance, 1935-36.—Table III.

Date of Representation	AREA		Acreage	Type of Premises to be Demolished in the Area								No. of Families in the Area	Date of Ministry of Health Inquiry	Date of Confirmation of Order	Property Excluded as Result of Inquiry	Houses Vacated	*Persons Re-housed by Corporation up to Dec. 31st, 1937	Houses Demolished to Dec. 31st, 1937
	No.	Name		Back-to-Back Houses	Single Houses	Single Room Dwellings	Through Houses	Combined Houses & Shops	Other Premises	Total Premises	Population of Area							
28/11/35	54	Brookside ...	...	11	—	—	—	—	—	11	34	11	16/6/36	11/9/36	—	11	28	11
"	55	Cash Gate ...	...	—	3	—	1	—	—	4	12	4	"	"	—	4	12	4
"	56	Dan Fold ...	...	—	2	—	—	—	—	2	4	2	"	"	—	2	4	2
"	57	Darby View ...	...	—	—	—	2	—	—	2	7	2	"	"	—	2	7	2
"	58	Factory Fold ...	...	2	4	—	11	1	1	19	76	18	"	"	1 Single House, 1 Back-to-Back House, 1 Other Premises	16	49	—
"	59	Grosvenor Street ...	...	5	1	—	—	—	—	6	20	6	"	"	—	6	20	6
"	60	Horsedge Street ...	...	4	1	—	—	—	—	5	21	6	"	"	—	5	17	5
"	61	Lime View ...	...	—	2	—	8	—	—	10	40	10	"	"	—	10	31	10
"	62	Littletown ...	...	—	7	—	2	—	—	9	34	8	"	"	—	9	18	—
"	63	Manchester Road No. 1 ...	...	4	2	—	1	—	—	7	23	7	"	"	—	7	19	7
"	64	Palmer Street ...	...	10	8	—	—	—	—	18	47	20	"	"	4 Single and 2 Back-to-Back Houses	12	32	12
"	65	Priory Square ...	...	15	7	—	—	—	—	22	87	22	"	"	—	22	77	22
"	66	Renshaw Street ...	...	—	13	—	3	—	—	16	55	16	"	"	—	16	41	16
28/11/35	67	West Street No. 3 ...	...	—	—	—	7	—	—	7	38	11	"	"	—	7	26	7
12/12/35	68	Shaw Road No. 1 ...	...	—	2	—	—	—	—	2	7	2	"	"	—	2	2	—
		15		51	52	—	35	1	1	140	505	145	—	—	9	131	383	104

111 persons (representing 32 families) were re-housed under their own arrangements, and did not accept the accommodation available.

Slum Clearance, 1937.—Table IV.

Date of Representation	AREA		Acreage	Type of Premises to be demolished in the Area.								No. of Families in the Area	Date of Ministry of Health Inquiry	Date of Confirmation of Order	Property Excluded as Result of Inquiry	Houses Vacated	Persons Re-housed by Corporation up to Dec. 31st, 1937	Houses Demolished
	No.	Name		Back-to-Back Houses	Single Houses	Single Room Dwellings	Through Houses	Combined Houses & Shops	Other Premises	Total Premises	Population of Area							
25/2/37	69	Back Hargreaves Street ...	29	—	—	6	1	—	36	116	36	15/9/37	Result of Inquiry not received at 31/12/1937.					
"	70	Busk Road ...	3	—	—	4	1	—	8	28	8	"						
"	71	Castlemill Street ...	16	—	—	3	—	—	19	58	23	"						
"	72	Cheapside ...	—	—	—	5	—	—	5	6	2	"						
"	73	Clarendon Street ...	9	2	4	14	2	—	31	96	27	"						
"	74	Crompton Street ...	2	—	—	2	—	—	4	8	3	"						
"	75	Egerton Street ...	9	—	1	1	3	—	14	45†	7	"						
"	76	Greenacres Road ...	—	3	—	1	—	—	4	13	4	"						
"	77	Henshaw Street No. 1 ...	—	—	2*	1	2	—	5	12	5	"						
"	78	Hunters Lane ...	10	—	—	2	2	—	14	13	4	"						
"	79	Kirkbank Street ...	6	8	—	15	2	—	31	81	31	"						
"	80	Lime Gate No. 1 ...	—	—	—	3	—	—	3	10	3	"						
"	81	Lime Gate No. 2 ...	2	—	—	1	—	—	3	9	3	"						
"	82	Lord Street No. 1 ...	4	—	—	—	—	—	4	9	4	"						
"	83	Perth Street ...	6	3	—	12	—	—	21	92	21	"						
"	84	Rochdale Road ...	—	3	—	—	1	—	4	8	2	"						
"	85	Sarah Moor No. 1 ...	2	3	—	—	—	—	5	15	5	"						
"	86	Sarah Moor No. 2 ...	—	—	—	2	—	—	2	5	2	"						
"	87	Shaw Road No. 2 ...	—	—	—	7	—	—	7	20	6	"						
"	88	Spencer Street ...	36	9	—	3	2	—	50	166	49	"						
"	89	Whiteley Street ...	4	—	14*	4	—	—	22	52	19	"						
"	90	Wilds Court ...	2	1	—	5	—	—	8	36	9	"						
		22	140	32	21	91	16	—	300	898	273	—						

* Caravan dwellings.

† Includes 19 men lodgers in Common Lodging-house.

The following Table summarises the progress of Slum Clearance up to the 31st December, 1937:—
CLEARANCE AREAS.

Year	Represented			Confirmed			Houses Vacated					Persons Displaced					Houses Demolished				
	Areas	Houses	Persons	Areas	Houses	Persons	1934	1935	1936	1937	Total	1934	1935	1936	1937	Total	1934	1935	1936	1937	Total
1933-34	25	237	972	22	215	886	33	90	92	—	215	187	342	357	—	886	—	10	180	25	215
1934-35 (No. 1)	28	159	546	27	155	531	—	1	136	18	155	—	7	433	91	531	—	—	62	82	144
1934-35 (No. 2)	15	140	505	15	131	494	—	—	13	118	131	—	—	66	428	494	—	—	104	104	—
1937 ...	22	300	898	Result of Inquiry not received at 31/12/37			—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	90	836	2921	64	501	1911	33	91	241	136	501	187	349	856	519	1911	—	10	242	211	463

INDIVIDUAL UNFIT HOUSES (SECTION 11).

Year	No. of Houses Represented	Undertaking accepted not to use for Human Habitation										Demolition Order																					
		No. of Houses	Houses Vacated					Persons Displaced					No. of Houses	Houses Vacated					Persons Displaced					Houses Demolished									
			1934		1935		1936		1937		Total			1934		1935		1936		1937		Total		1934		1935		1936		1937		Total	
			—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
1934	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
1935	4	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
1936	9	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
1937	17	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Totals	34	8	—	1	5	2	2	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			

PARTS OF BUILDINGS (SEPARATE TENEMENTS OR UNDERGROUND ROOMS) CLOSING ORDERS (SECTION 12).

Year	No. of Dwelling's Represented	Dwellings Vacated					Persons Displaced				
		1934	1935	1936	1937	Total	1934	1935	1936	1937	Total
1934	54	6	17	27	4	54	28	43	61	4	136
1937	4	—	—	—	4	4	—	—	—	—	—
Totals	58	6	17	27	8	58	28	43	61	4	136

Overcrowding.

The Overcrowding Survey undertaken in the early months of 1936 showed that, out of 36,420 houses surveyed, 1,519 were found to be overcrowded, 3 of which were on the sex basis.

These overcrowded houses have been visited at intervals, and at the beginning of 1937 1,616 were overcrowded. During the year these houses were visited, and it was found that 911 had been de-crowded and 705 still remained overcrowded. These figures are certainly instructive, and it is striking that so many houses have been de-crowded by the simple method of the transfer of families and one or more relatives. Details are shown on the table on page 84.

One factor must not be overlooked, and that is that there are a number of families which at the time of the Survey were not overcrowded, but may be so now by one or more of the children reaching the age of one or ten years.

The Survey revealed a serious deficiency of suitable houses for the following two groups of families:—

Group 1: With a permitted number of $5\frac{1}{2}$ to $7\frac{1}{2}$;

Group 2: With a permitted number of 8 to 12.

This deficiency can only be made good by building new houses of the three-bedroom type and four-bedroom type, and therefore I recommended in my report that 75-100 houses of each type would be a reasonable preliminary number to build.

The Slum Clearance programme includes a number of houses that are overcrowded, and the provision of houses for slum clearance will in many cases mean at the same time the provision of houses for overcrowded families.

Overcrowded Houses, 1937.
Table showing Causes of De-crowding.

Ward	Total Number of Visits	Total Number of Houses			Causes of De-crowding						
		Visited	De-crowded	Still Over-crowded	Removal of Whole Family	Removal of Members of Family	Removal of Lodgers	Under Slum Clearance Programme	Additional Rooms	Additional Fireplace	House made through
Mumps	144	130	69	61	50	17	1	—	—	1	—
St. Mary's	193	192	103	89	68	22	10	3	—	—	—
Coldhurst	122	116	56	60	25	20	10	—	—	—	1
Westwood	142	136	76	60	44	20	7	2	1	2	—
Hartford	149	141	68	73	35	25	5	3	—	—	—
Werneth	71	67	52	15	27	14	7	3	1	—	—
Hollinwood ...	133	133	84	49	52	23	6	3	—	—	—
St. Paul's	126	119	65	54	45	12	7	1	—	—	—
St. Peter's	78	68	44	24	38	2	1	3	—	—	—
Clarksfield	165	161	87	74	50	25	9	2	1	—	—
Waterhead	234	226	133	93	87	33	12	—	1	—	—
St. James's	135	127	74	53	43	20	8	1	2	—	—
TOTALS ...	1,692	1,616	911	705	564*	233	83	21	6	3	1

*116 of these families have been moved into Council Houses.

Housing Statistics.

Number of New Houses erected during the year 1937:—

(a) Total Number (including (b))	...	...	...	...	431
1. By the Local Authority	...	...	...	...	174
2. By other bodies or persons	...	...	...	...	257
(b) With State Assistance under the Housing Acts—					
1. By the Local Authority	...	...	...	...	174
2. By other bodies or persons	...	...	...	...	Nil

The following information is given in the form required by the Ministry of Health:—

1. Inspection of Dwelling Houses during the Year:—

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	4,362
(b) Number of inspections made for the purpose	...	...	...	...	...	7,502
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	...	...	Nil
(b) Number of inspections made for the purpose	...	...	...	...	...	Nil
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	...	302
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	681

2. Remedy of Defects during the Year without Service of Formal Notices:—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	...	...	...	...	...	359
---	-----	-----	-----	-----	-----	-----

3. Action under Statutory Powers during the Year:—

(A) PROCEEDINGS UNDER SECTIONS 9, 10 AND 16 OF THE HOUSING ACT, 1936:—

(1) Number of dwelling houses in respect of which notices were served requiring repairs	...	...	...	...	213
(2) Number of dwelling houses which were rendered fit after service of formal notices:—					
(a) By owners	...	...	...	...	239
(b) By Local Authority in default of owners	...	...	...	...	8

(B) PROCEEDINGS UNDER PUBLIC HEALTH ACTS:—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	89
--	-----	-----	-----	-----	----

*Includes 38 houses in respect of which notices were served during 1936.

(2) Number of dwelling houses in which defects were remedied after service of formal notices:—	
(a) By owners	86
(b) By Local Authority in default of owners	1
(C) PROCEEDINGS UNDER SECTIONS 11 AND 13 OF THE HOUSING ACT, 1936:—	
(1) Number of dwelling houses in respect of which Demolition Orders were made	8
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	7
(D) PROCEEDINGS UNDER SECTION 12 OF THE HOUSING ACT, 1936:—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	4
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ...	Nil
4. Housing Act, 1936; Part IV—Overcrowding:—	
(A) (1) Number of dwellings overcrowded at the end of the year	705
(2) Number of families dwelling therein	713
(3) Number of persons dwelling therein	4,374
(B) Number of new cases of overcrowding reported during the year	13
(C) (1) Number of cases of overcrowding relieved during the year	911
(2) Number of persons concerned in such cases ...	5,338
(D) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	Nil

Section VI.

INSPECTION AND SUPERVISION OF FOODS

MILK SUPPLY.

Tuberculosis Order, 1925.

During the year 91 samples of mixed and unmixed milk have been collected from farms within and without the Borough, and submitted to bacteriological examination for the presence of tubercle bacilli.

Of these, 76 samples were from farms within the Borough, 5 containing tubercle bacilli. Of the remainder, which were taken from milk produced outside the Borough but retailed within the Borough, one contained tubercle bacilli.

When a positive result is obtained from a farm within the Borough, all the cows in the herd are examined without delay, and an animal showing definite clinical signs of tuberculosis is removed. If tuberculosis cannot be definitely diagnosed, further samples are taken and, if necessary, suspected animals are isolated.

In the event of a sample from a farm outside the Borough being found positive, the Medical Officer of Health of the area in which the milk is produced is notified immediately.

The following milks were examined:—

		Number examined		Number positive
Tuberculin Tested	...	1	...	Nil
Accredited	...	25	...	4
Pasteurised	...	1	...	0
Non-designated	...	64	...	2

Table showing Number of Samples of Milk obtained from Various Districts, and the Percentage found to be Tuberculous, for the Years 1933 to 1937.

	Year 1933			Year 1934			Year 1935			Year 1936			Year 1937		
	Total number of samples examined	Number Positive	Percentage Positive	Total number of samples examined	Number Positive	Percentage Positive	Total number of samples examined	Number Positive	Percentage Positive	Total number of samples examined	Number Positive	Percentage Positive	Total number of samples examined	Number Positive	Percentage Positive
Oldham	37	1	2.77	36	...	...	32	...	...	40	2	5.00	76	5	6.57
Lancashire	11	1	9.09	9	1	11.11	27	5	18.52	21	2	9.52	9	...	...
Yorkshire (W.R.) ...	6	...	...	8	...	...	2	...	...	7	1	14.28	5	1	20.00
Cheshire	6	4	66.66	9	1	11.11	9	...	...	6	...	...	...	...	...
Westmorland	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Derbyshire	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...
Mixed	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...
Pasteurised	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Special	...	...	...	...	...	...	2	...	...	1	...	...	...	...	...
Total for Year	60	6	10.00	71	2	2.81	72	5	6.94	75	5	6.66	91	6	6.59

Milk Purveyors.

The following figures have been compiled from the register:—

Number of milk shops on register on 1st January, 1937	...	...	408
„ „ discontinued during the year	...	...	44
„ „ registered during the year	...	...	21
„ „ on register on 31st December, 1937	...	...	385
Number of visits to milk shops	...	...	997
Number of notices served	...	...	4

At the end of the year there were 33 Oldham farmers on the register and 155 farmers and dairymen who resided outside the Borough.

Dairies and Cowsheds.

There are 33 farms in the Borough for the housing of milch cows, and on these farms there are 71 cowshed premises. No new premises were added to the register. There were 199 visits made to these premises.

Milk (Special Designations) Order, 1923 and 1936.

The following Licences were issued during the year:—

- 3 Supplementary Licences to sell milk as “Tuberculin Tested”
- 2 Producers’ Licences to produce milk as “Accredited”
- 8 Supplementary Licences to sell milk as “Accredited”
- 3 Supplementary Licences to sell milk as “Pasteurised”
- 1 Licence in respect of Pasteurising Establishments.

During the year 28 samples of designated milk were submitted for bacterial count, with the following results:—

	No. of samples taken	No. of samples satisfactory	No. of samples below standard
Tuberculin Tested...	2	2	—
Accredited ...	20	16	4
Pasteurised ...	6	6	—
	—	—	—
Totals	28	24	4
	—	—	—

The 20 Accredited milk samples satisfied the Methylene Blue Reduction Test.

In three Accredited milk samples, B. Coli. was found in 1/100 ml. in each of three tubes, and in one Accredited milk sample B. Coli. was found in 1/100 ml. in two tubes.

Meat Inspection.

There is no Public Abattoir in the town. All slaughtering is done in private slaughterhouses, which number 33, and all are licensed. The majority of the large authorities possess a Public Abattoir, and such an establishment would be an asset to the town.

The following table shows the number of condemnations of:—

(i) entire carcase, (ii) of parts of carcasses or organs;

(a) for tuberculosis, (b) for diseases other than tuberculosis.

Animal	For Tuberculosis		For Diseases other than Tuberculosis
	Entire Carcases	Parts of Carcasses or Organs	Entire Carcases
Calves	—	—	—
Heifers	2	20	—
Cows	34	568	13
Bullocks	1	24	—
Bulls	3	24	—
Sheep	—	—	4
Pigs	8	269	16
Chickens	23	—	15
TOTALS ...	71	905	48

The total weight of meat and offal destroyed was:—For tuberculosis, 62,564 lbs.; for diseases other than tuberculosis, 18,056 lbs.

The following is a summary of the Diseased and Unsound Food destroyed during the year:—

Article	Weight in lbs.	Remarks
Cattle	28,422	53 whole carcasses
Sheep	222	4 whole carcasses
Pigs	2,432	24 whole carcasses
Calves	—	—
Parts of Carcasses and Offal	49,058	1,351 cattle, sheep and pigs
Fruit and Vegetables	315	—
Preserved Foods ...	334	—
Chickens	94	38 birds
Eggs	66	—
Rabbits	394	227 carcasses
Fish	37	2 cases
TOTALS ...	81,374 lbs.	1,699 cases reported and found

Food and Drugs (Adulteration) Act, 1928.

The administration of this Act is carried out by the Public Health Department. The total number of samples analysed during 1937 was 303, representing an increase of 88 samples on the previous year.

The following table summarises the working of the Act during the year:—

Number of Samples purchased for Analysis under the Food and Drugs Act.

Name or Description of Article examined	Number of Samples of each Article examined			Number of Samples of each Article regarded as Adulterated, below standard, or otherwise not complying with prescribed requirements		
	Formally taken	Informally taken	Total	Formally taken	Informally taken	Total
Milk	223	...	223	9	...	9
Whisky	14	...	14	...	...	...
Rum	13	...	13	...	...	...
Demarara Sugar	...	7	7	...	...	...
Lard	4	2	6	1	...	1
Rice	4	2	6	...	...	...
Pepper	...	5	5	...	...	...
Cheese	4	...	4	...	...	...
Sausage	3	...	3	...	...	...
Pearl Barley	1	2	3	...	...	...
Gin	3	...	3	...	...	...
Iodine Preparations .	...	3	3	...	...	...
Butter	...	2	2	...	...	...
Tea	...	2	2	...	...	...
Sultanas	2	...	2	...	...	...
Linseed Meal	...	1	1	...	1	1
Sago	1	...	1	1	...	1
Machine						
Skimmed Milk	...	1	1	...	...	...
Tapioca	...	1	1	...	...	...
Ground Almonds	...	1	1	...	...	...
Dried Apricots	1	...	1	...	...	...
Coffee	1	...	1	...	...	...
TOTALS	274	29	303	11	1	12

During the year there were 9 samples of milk which did not conform with the requirements of the Sale of Milk Regulations, 1901.

All the samples were free from preservatives and colouring matter.

Sample No. 38 was found to contain at least 1% of extraneous water, and Samples 49 and 50, which were taken as following-up samples during the course of delivery, were found to contain at least 0.8% and 1.4% of extraneous water respectively. In these cases the vendors were warned.

Sample No. 53 was found to be deficient in fat to the extent of 5%. The vendor was warned.

Sample No. 113 was found to contain at least 2.4% of extraneous water, and Sample 130, which was taken as an "appeal to the cow", was found to contain at least 2.5% of extraneous water. In each case the vendor was warned.

Sample No. 187 was found to contain at least 1.1% of extraneous water. The vendor was warned.

Sample No. 197 was found to be deficient in fat to the extent of 7.3%. The vendor was prosecuted and fined 40s. and costs.

Sample No. 253 was found to contain at least 2.7% of extraneous water. The vendor was warned.

One sample of sago was found to be tapioca and not sago, but as this was not a case of wilful substitution of one cereal for another, no action was taken.

One sample of linseed meal was found to be deficient in oil to the extent of 93%; further, it contained hard woody tissue, paper, and maggots. The shopkeeper surrendered the whole stock of linseed meal and no action was taken.

The sample of lard taken proved to be a blend of beef stearin and vegetable fat. The shopkeeper was prosecuted and fined 40s. and costs. Another sample of lard contained evidence of a small amount of cotton seed stearin. Accepting the possibility that this lard concerned was from the U.S.A., it appeared likely that the presence of the vegetable oil was due to the animals having been fed on cotton cake, and consequently the sample was not treated as adulterated.

Two samples of Cheshire Cheese were sold as Lancashire Cheese, but, in view of the fact that they had both been derived from whole-milk, there was no analytical justification for regarding them as anything but genuine, since the separated fat was true butter fat.

The samples of spirits complied with the statutory requirements, the samples of iodine preparations were properly compounded, and the whole of the grocery samples were of sound commercial quality.

Artificial Cream Act, 1929.

No action has been necessary under the Act.

Public Health (Dried Milk) Regulations, 1923 and 1927.

No conditions were observed which suggested the necessity of taking action under these Regulations.

Public Health (Condensed Milk) Regulations, 1923 and 1927.

One sample of condensed milk was submitted to the Public Analyst, and found to conform in all respects with the Regulations and the statements on the label.

Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1927.

The various food substances submitted to the Public Analyst under the Sale of Food and Drugs Act were, when considered necessary or desirable, examined for preservatives and prohibited colouring matter. No contravention of the Regulations was detected.

Chemical and Bacteriological Examination of Food.

Samples obtained for chemical analysis are sent to the laboratory of the Public Analyst.

Milk samples taken for bacterial count and examination for tubercle bacilli are sent to the University of Manchester, Public Health Laboratory, York Place, Manchester, 3. Here also are sent any other foods which require bacterial examination.

Nutrition.

Talks on nutrition and diet were given by members of the department to various local audiences during the year. Pamphlets of instruction on the subject were also distributed during the year at the various Welfares and Clinics.

The only actual figures available as a measure of the local state of nutrition are those relating to school children. In this connection tables are given in the School Medical Report.

Section VII.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

On pages 104 and 105 will be found the numbers, age groups, ward distribution, and seasonal prevalence during 1937 of the notifiable infectious diseases.

The following table shows the Attack Rate and Death Rate:—

DISEASE	Attack Rate per 1,000 of the population		Death Rate per 1,000 of the population		Death Rate per 1,000 Cases
	England & Wales	Oldham	England & Wales	Oldham	
Small Pox	0·00	0·00	0·00	0·00	0·00
Diphtheria	1·49	2·15	0·07	0·13	62
Erysipelas	0·37	0·29	0·00	0·01	52
Scarlet Fever	2·33	1·67	0·01	0·00	0·00
Enteric Fever	0·05	0·01	0·00	0·00	0·00
Puerperal Fever	*13·93	*31·98	—	—	—
Puerperal Pyrexia...					
Acute Primary Pneumonia	—	1·11	—	0·23	212
Measles	—	—	0·02	0·03	—
Whooping Cough ...	—	—	0·04	0·02	—
Influenza	—	—	0·45	0·51	—

* Rates per 1,000 total Births (*i.e.*, Live and Still).

Small-pox.

No cases were notified during the year and no deaths were registered as due to this disease. The department was requested by medical practitioners to see three cases that were suspected. A diagnosis of small-pox was not made.

Vaccination.

During the year 1937 the Vaccination Officer issued 915 Q Notices requesting parents' compliance with the Acts and 28 K Forms to defaulters. He also paid 183 home visits and notified the Public Vaccinators on H Forms of 217 cases requiring Vaccination.

The following table gives details of the work of the Public Vaccinators during the year:—

District	No. of Successful Primary Vaccinations of Persons			No. of Successful Re-vaccinations
	Under 1 year of age	One year and upwards	Total	
1	25	—	25	1
2	32	1	33	—
3	19	2	21	3
4	16	3	19	1
5	13	—	13	2
6	34	5	39	2
TOTALS	139	11	150	9

No vaccinations or re-vaccinations were performed under the Public Health (Small-pox Protection) Regulations, 1917, by the Medical Officers of the department.

Table showing the Ultimate Vaccinal State of Infants at the end of the year following that in which these Births were Registered.

Year	Total Births Registered	Successfully Vaccinated	Percentage of Successful vaccinations to births Registered	Insusceptible	Had Small-pox	Exempted by Statutory Declaration	Died Unvaccinated under 1 year of age	Postponed by Medical Certificate	Not Found	Transferred	Not Completed
1931	2021	175	8.6	0	0	1615	150	35	27	10	9
1932	1983	187	9.4	4	0	1585	121	25	3	20	38
1933	1901	203	10.6	1	0	1499	109	12	23	40	14
1934	2000	205	10.2	1	0	1603	100	10	41	25	15
1935	1975	180	9.1	1	0	1628	86	14	30	23	13
1936	1991	223	11.2	1	0	1540	116	38	31	32	10

Diphtheria.

During the year there were 275 cases notified in the Borough, as compared with 310 in 1936. Of these 275 cases, 259 were removed to hospital and 17 died.

Many of the cases were severe in type, death occurring after a short period in hospital and in spite of large doses of antitoxin. At no period did the incidence fall to any great extent, nor was there any prolonged peak period. In these respects the Borough appears to have been more fortunate than some of its neighbouring authorities.

Supply of Diphtheria Antitoxin.

Diphtheria antitoxin is supplied free to general practitioners for prophylactic and treatment purposes. It can be obtained at the Public Health Office during the day and at the Central Police Station, Town Hall, at other times. One hundred phials of 8,000 units were issued for these purposes.

Diphtheria Immunisation.

Immunisation against diphtheria was continued as in previous years. A.P.T. (B.W.) was used for infants, two doses of .2 c.c. being given at fortnightly intervals. Formal Toxoid (B.W.) in doses of .2 c.c., .5 c.c., and 1 c.c. were given at the same interval to elder children. The following table gives the number of children immunised:—

School	No. Immunised
Watersheddings Council	68
Beever Street Council	253
Werneth Council	156
Parish Church	94
St. Anne's R.C.	105
Smith Street Council	176
Gower Street Blind and Deaf.....	42
Clarksfield Council	100
Blue Coat	13
Strinesdale Open-Air	56
Child Welfare Centre	137
General Practitioners	8
TOTAL	1,208

Of the total number immunised, 93 did not receive the full number of injections.

In addition to these, 40 children were immunised at Westhulme Hospital and 144 doses of T.A.F. were issued free to private practitioners.

Scarlet Fever.

The number of cases notified during 1937 was 214, as compared with 187 in 1936. Of these 214 cases, 136 were removed to hospital and none died.

Erysipelas.

Thirty-eight cases were notified during the year, as compared with 88 in 1936. Of these 38 cases, 13 were removed to hospital and 2 died. Nineteen of the cases occurred in persons forty-five years of age and over.

Enteric Fever.

Two cases of Para-typhoid B were notified during the year and removed to hospital. It was thought that the first case commenced whilst temporarily residing out of the Borough. The second case was due to contact with case No. 1. Both cases were only mild in type. Since 1926 only 24 cases have occurred in the Borough, of which 7 were fatal.

Cerebro-Spinal Meningitis.

During the year 4 cases were notified, and 8 deaths were registered as due to this disease.

Poliomyelitis.

No cases were notified during the year and no deaths were registered as due to this disease.

Encephalitis Lethargica.

No cases were notified during the year, but 2 deaths were registered as due to this disease. These were old cases which had been notified in previous years.

Pneumonia (Acute Primary and Influenzal).

There were 142 cases of acute primary pneumonia and 29 cases of acute influenzal pneumonia notified during the year.

The deaths registered in 1937 from all forms of pneumonia numbered 120.

Influenza.

In the early part of the year influenza was prevalent, and 55 deaths were registered for the quarter ending 31st March, 1937. During the year 65 deaths were attributed to this disease, compared with 27 in the preceding year.

Measles and Whooping Cough.

These diseases are not notified locally. During the year there were 5 deaths from measles and 3 deaths from whooping cough. Many of these cases should be nursed in hospital, and as a consequence the incidence of complications and resultant ill health would be reduced.

There was no marked prevalence of measles during the year.

Anthrax.

A case of malignant pustule occurred in a woman aged 41 years, employed in a fried fish shop. The pustule was situated in the left upper arm. The diagnosis was confirmed by bacteriological examina-

tion, and the patient was removed to hospital. She was treated with Schlavo's serum and made a good recovery. The source of her infection could not be traced.

Other Diseases.

No cases of epidemic jaundice, undulant fever, or psittacosis were brought to the notice of the Health Department during the year.

Westhulme Hospital.

During the year 759 patients were treated, as compared with 867 in 1936. Sixty-five were under treatment on 1st January, 1937, and 694 were admitted during the year under review.

The admissions were made up as follows:—

	Diphtheria	Scarlet Fever	Cerebro Sp. Fever	Tuberculosis	Other Diseases	Totals
Oldham	259	136	3	88	26	512
Chadderton ...	9	28	1	—	1	39
Royton	—	6	—	—	—	6
Crompton & Shaw	3	5	—	—	—	8
Ashton-under-Lyne	45	4	—	—	—	49
Limehurst	9	2	—	—	—	11
Springhead ...	6	2	—	—	—	8
Failsworth	6	28	—	—	—	34
Saddleworth .	1	4	2	—	—	7
Lees... ..	2	1	—	—	—	3
Other Authorities ...	1	2	—	—	14	17
Totals	341	218	6	88	41	694

During the year the accommodation was severely taxed, and the need for a modern isolation ward was more than ever apparent. No major improvements or extensions were effected, as the Committee were awaiting the decision of the neighbouring authorities on the scheme for extensions which had been submitted to them.

Disinfection.

The rooms of houses in which infectious diseases have occurred are disinfected by means of the formaldehyde spray or sulphur fumigation. Clothing, bedding, etc., are, where necessary, removed to the Disinfecting and Cleansing Station for steam disinfection.

There is a steam disinfector, two removal vans and baths at the Disinfecting and Cleansing Station. There is also a disinfecting plant at Westhulme Hospital and one at the Westwood Park Institution.

Owing to the additional disinfection of clothing and bedding from the Municipal Hospital and the Maternity Home, and the disinfection of houses and bedding in connection with slum clearance, the work at the central depot has increased considerably, and has at times entailed a great deal of overtime on the part of the disinfectors.

The following table shows the number of articles disinfected or destroyed by the staff of the Disinfecting Station:—

Articles	Disinfected		Destroyed	
	1936	1937	1936	1937
Blankets	3,580	4,347	33	23
Sheets	2,602	5,034	37	29
Pillows	4,103	4,787	122	199
Bolsters	1,447	1,907	41	27
Quilts	2,297	2,122	22	15
Mattresses	60	44	76	24
Beds	2,982	3,291	141	186
Carpets	246	712	12	—
Rugs	473	1,049	—	—
Curtains	1,247	3,661	—	—
Clothes	6,533	21,401	271	213
Sundry Articles ...	4,699	17,963	330	498
TOTALS	30,269	66,318	1,085	1,214

1936—Total Houses Disinfected	...	...	771
Total Rooms Disinfected	...	...	2,741
1937—Total Houses Disinfected	...	...	904
Total Rooms Disinfected	...	...	3,864

Cancer.

The number of deaths attributed to cancer shows a decrease of 20 compared with 1936.

The figures for the previous five years are as follows:—

1932	...	...	...	...	235
1933	...	...	...	...	207
1934	...	...	...	...	215
1935	...	...	...	...	247
1936	...	...	...	...	252
1937	...	...	...	...	232

The following is an analysis of the age and sex distribution of all persons who were certified as dying from cancer during the year:—

Ages	Males	Females	Total
0-15	—	—	—
15-25	3	—	3
25-35	2	—	2
35-45	7	7	14
45-55	20	28	48
55-65	35	27	62
65-75	47	36	83
75-	6	14	20

Localisation of the Disease.

Bucaal Cavity	...	{	Tongue	...	...	3
			Jaw	...	...	1
			Tonsil	...	...	1
Digestive Tract	...	{	Oesophagus	...	...	9
			Stomach	...	...	50
			Rectum	...	...	14
			Liver and Biliary	...	...	13
			Passages	...	...	2
			Pancreas	...	...	1
			Peritoneum	...	...	36
Respiratory Organs	...	{	Other Organs	...	...	3
			Larynx	...	...	18
			Lung	...	...	3
Male Genito-Urinary..	...	{	Other	...	...	5
			Bladder	...	...	7
			Prostate	...	...	3
			Scrotum	...	...	1
			Penis	...	...	

Female Genital Organs	{	Uterus	...	...	17
		Ovary	...	...	8
		Vulva	...	...	2
		Testes	...	...	—
Breast	...	...	...	...	24
Skin	...	...	...	...	2
Other and Unspecified	...	...	...	...	9

The following facilities are available for the diagnosis and treatment:—

At the Municipal Hospital :

X-ray facilities exist for diagnosis, and also a plant is available for treatment. There is an arrangement with the Christie Hospital and Holt Radium Institute, Manchester, for the examination and treatment of cases of cancer.

At the Oldham Royal Infirmary :

- (1) Facilities exist for X-ray diagnosis and treatment;
- (2) There is co-operation with the Manchester and District Radium Institute, and the Director of the Radium Institute or his duly qualified assistant attend at the special clinic held in the Out-patient Department at the Royal Infirmary on the third Wednesday morning in each month. Patients found at this examination to be suitable for treatment are treated as follows:—
 - a. If requiring treatment by radium only, they are admitted to the Christie Hospital and Holt Radium Institute;
 - b. If the treatment requires collaboration between the Surgeon and the Radium Therapist, the cases are admitted to this Infirmary and treated at some time convenient to both parties.

The treatment in every case, whether at the Radium Institute or at the Infirmary, is administered and/or supervised by the Director of the Radium Institute or his duly qualified assistant.

Cases which have been treated either in the Radium Institute or in this Infirmary are re-examined after treatment at suitable intervals in the Infirmary at the monthly clinic.

Under this scheme, radium is forwarded by the Radium Institute to the Infirmary free of charge, up to an average of 200 milligrams per month.

The Infirmary is responsible for the conveyance of patients requiring treatment from the Infirmary to the Radium Institute.

Borough Coroner's Report for the Year.

The following report has been supplied by Mr. J. L. Watson, the Borough Coroner:—

The deaths reported to the Coroner during the year 1937 were 365 (males 236, females 129).

Of this total 67 were lunatics and mental defectives in Institutions.

In 143 of the cases reported, the deaths were investigated by the Coroner, but no inquests held.

There were 222 inquests held (142 on males and 80 on females).

Of the 222 inquests, 80 were held with a jury and 142 without a jury.

Of the deceased persons in these cases, 7 were under the age of one year, 20 were between 1 year and 16 years of age, and 195 were over the age of sixteen years.

There were 92 post-mortem examinations made, in 19 of which no inquest was held. The expenses of the inquests amounted to £547 1s. 10d.

The verdicts returned were:—Suicides 22 (males 16, females 6); Accident or misadventure 125 (males 75, females 50); Natural causes 59 (males 39, females 20); Open verdicts 12 (males 10, females 2); Excessive drinking 1 (male); Self neglect 1 (male); Want of attention at birth 1 (female).

The ages of the 22 suicides were as follows:—

Under 21 years of age	...	...	...	1
Between 30 and 40 years of age	...	..	..	4
Between 40 and 50 years of age	...	...	...	4
Between 50 and 60 years of age	...	...	...	7
60 and over	...	...	...	6

The types of suicide were:—

Gassing	...	...	...	10	Drinking ammonia	...	1
Drowning	...	...	...	1	Drinking Lysol	...	3
Hanging	...	...	...	3	Self starvation	...	1
Cut throat	...	...	...	2	Self suffocation	...	1

There was one inquest adjourned under Section 20 of the Coroners Amendment Act, 1926. The criminal proceedings resulted in a verdict of manslaughter.

There were no inquests on infants suffocated whilst in bed with their parents or others.

There were two inquests on newly-born children.

In 1936 there were 334 deaths reported, 214 inquests were held, and the expenses were £565 18s. 11d.

Prevention of Blindness.

The Blind Persons Acts are administered by the Blind Persons Acts Sub-committee of the Education Committee, on which are co-opted representatives of the Public Assistance Committee and the voluntary societies in the area connected with the blind.

Table showing Cases of Infectious Disease notified during the year 1937.

NOTIFIABLE DISEASE	NOTIFICATIONS IN AGE GROUPS							NOTIFICATIONS IN THE VARIOUS WARDS OF THE BOROUGH											
	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	St. Mary's	St. Peter's	Werneth	Westwood	St. Paul's	Coldhurst	Hartford	Hollinwood	Clarksfield	Mumps	St. James'	Waterhead
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera—Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria (including Membranous Group)	2	48	204	11	10	—	—	30	13	8	16	18	20	6	10	53	21	21	59
Erysipelas	—	1	—	5	13	15	4	2	4	5	5	7	2	—	2	6	3	—	2
Scarlet Fever	—	48	146	16	3	1	—	10	16	8	18	26	4	14	21	48	4	23	22
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Relapsing Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
+Puerperal Fever	—	—	—	1	5	—	—	—	—	—	1	1	—	2	—	—	—	1	1
Puerperal Pyrexia	—	—	—	11	40	—	—	3	4	3	12	3	2	—	6	8	2	1	7
Cerebro-Spinal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis	—	1	1	1	1	—	—	—	1	—	—	—	—	1	1	—	—	—	—
Polio-myelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	23	—	—	—	—	—	—	2	—	2	4	2	—	2	1	4	—	2	4
Respiratory Tuberculosis	109	—	7	25	48	28	1	10	5	5	12	13	10	5	9	13	9	8	10
Other Forms of Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	13	17	10	16	1	—	2	2	7	3	11	1	3	7	8	2	6	5
Dysentery	—	—	—	—	—	—	5	—	—	—	6	—	—	—	—	—	—	—	—
Acute Influenzal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	3	1	2	5	6	9	3	3	2	2	3	6	1	—	1	2	2	3	4
Acute Primary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	6	29	31	16	25	21	14	7	14	15	10	13	4	5	8	24	10	15	17
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Polio-Encephalitis.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	34	141	410	101	167	76	27	69	61	55	90	100	44	38	66	169	53	80	131

†Notifiable as Puerperal Pyrexia from October 1st.

Table showing the Number of Cases of Certain Diseases notified, and the Deaths Registered from these Diseases during the several months of the year.

MONTHS.	SMALLPOX		SCARLET FEVER		DIPH- THERIA		TYPHOID FEVER		PUER- PERAL FEVER		PUER- PERAL PYREXIA		CEREBRO- SPINAL M'NINGITIS		ACUTE POLIOMYE- LITIS		ENCEPHA- LITIS L'TH'RICA		ERY- SIPELAS		ACUTE PRIMARY PNEU- MONIA		ACUTE INFLU- ENZAL PNEU- MONIA	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
January ...	...	...	3	...	...	...	...	...	8	...	...	2	...	...	...	...	...	1	3	1	8	3	9	4
February	...	...	5	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	4	...	14	2	10	3
March	...	...	4	...	1	...	...	...	2	1	1	1	1	...	...	...	...	...	...	2	11	2	2	...
April	...	...	9	...	2	...	...	...	10	...	...	1	...	...	...	...	...	1	3	1	16	5	1	1
May	...	...	11	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	19	2	...	...
June	...	...	16	...	...	1	...	...	6	1	1	1	...	...	...	...	...	...	2	2	6	2	...	...
July	...	...	27	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	3	...	5	2	...	...
August ...	...	...	16	...	3	...	2	...	3	...	...	2	2	...	...	...	...	...	4	...	10	2	...	...
September	...	...	34	...	1	...	...	...	6	1	...	1	1	...	...	...	...	...	2	2	5	2	...	...
October ...	...	...	28	...	3	...	...	...	2	...	...	1	1	...	...	...	1	1	1	...	12	4	2	...
November	...	...	25	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	5	1	12	1	...	1
December	...	...	36	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	6	...	24	5	3	...
Totals ...	...	...	214	...	275	17	2	...	51	2	6	1	4	8	...	...	...	2	38	2	142	30	29	9

†Notifiable as Puerperal Pyrexia from October 1st.

Table showing the number of Cases of Certain Diseases notified to the Medical Officer of Health during the years 1905 to 1937.

Year	Small-pox	Scarlet Fever	Diphtheria	Typhoid Fever	Puerperal Fever	Total Cases
1905	281	969	98	62	15	1,425
1906	455	794	92	31	16	1,388
1907	—	522	69	22	8	621
1908	—	597	89	39	21	746
1909	—	522	62	35	16	635
1910	2	217	50	24	14	307
1911	1	447	87	20	19	574
1912	—	366	49	18	10	443
1913	8	922	91	12	13	1,046
1914	4	1,265	164	18	9	1,460
1915	22	530	86	11	10	659
1916	1	149	142	5	9	306
1917	—	129	51	5	11	196
1918	—	141	55	17	6	219
1919	—	436	118	5	14	573
1920	4	434	152	3	16	609
1921	4	725	106	10	12	857
1922	50	610	89	5	15	769
1923	—	244	59	3*	9‡	315
1924	—	142	80	3	7	232
1925	—	410	133	7	9	559
1926	10	326	140	1	16†	493
1927	19	188	205	3	22†	437
1928	31	279	288	1	31†	630
1929	18	668	221	6	32†	945
1930	32	712	168	—	34†	946
1931	—	272	88	8	28†	396
1932	—	209	50	2	20†	281
1933	—	407	135	—	30†	573
1934	—	342	195	2	31†	570
1935	—	588	218	—	24†	830
1936	8	187	310	—	51†	556
1937	—	214	275	2	57†	548

* Including one case notified by Manchester Health Department.

‡ Including one case admitted into Oldham Union from Royton when already suffering from Puerperal Fever.

† Including Puerperal Pyrexia.

Table showing the number of Deaths from the Principal Zymotic Diseases in the Borough of Oldham during the years 1901 to 1937.

Year	Population	Smallpox	Measles	Scarlet Fever	Diphtheria	Whooping Cough	Typhoid Fever	Diarrhoea	Total Deaths
1901	137,382	...	73	41	13	30	9	171	337
1902	138,091	7	103	39	49	29	13	42	282
1903	138,786	23	43	30	58	111	12	47	324
1904	139,497	14	70	22	34	37	22	117	316
1905	140,225	5	65	45	11	57	12	98	293
1906	140,969	...	125	33	17	41	6	175	397
1907	141,730	...	35	17	17	66	4	78	217
1908	142,507	...	82	28	23	54	12	174	373
1909	143,301	...	43	16	14	15	12	54	159
1910	146,700	...	84	4	9	77	10	80	264
1911	147,751	...	64	5	11	13	3	260	356
1912	148,840	...	65	7	12	65	...	52	201
1913	149,936	...	38	19	19	36	3	104	219
1914	151,044	...	169	48	39	56	5	69	386
1915	141,781*	...	48	17	20	15	4	49	153
1916	136,126*	...	29	3	30	48	2	32	144
1917	133,721	...	73	3	6	4	4	25	115
1918	149,285	...	34	7	10	71	7	5	134
1919	.....	...	25	13	21	5	5	17	86
1920	143,154	...	6	6	15	17	1	12	57
1921	148,300	...	2	7	9	34	3	15	70
1922	148,300	...	70	8	11	9	3	10	111
1923	148,300	...	12	5	10	46	1	6	80
1924	147,300	...	24	2	3	13	1	5	48
1925	146,200	...	37	7	16	6	5	10	81
1926	143,000	...	23	4	19	47	2	4	99
1927	141,400	1	7	...	17	6	1	4	36
1928	143,200	...	9	1	35	4	...	21	70
1929	142,500	...	23	2	17	73	2	16	23
1930	142,500	...	21	8	17	2	...	...	148
1931	141,900	...	10	2	2	8	...	15	37
1932	138,900	...	18	...	1	15	1	10	45
1933	136,700	...	3	1	9	3	1	3	20
1934	135,200	...	19	2	25	18	2	...	66
1935	133,300	...	...	1	29	...	...	2	32
1936	131,000	...	13	2	23	16	...	10	64
1937	127,800	...	5	...	17	3	...	5	30

* Estimated for Deaths.

Section VIII.

TUBERCULOSIS.

The following report has been compiled by Dr. E. Ward, Clinical Tuberculosis Officer.

Introduction.

During the last half century there has been a remarkable fall in the incidence of Tuberculosis. In 1854 this disease accounted for one-seventh of all deaths; in 1936 the number had fallen to less than one-sixteenth, and Tuberculosis took last place amongst the five principal certified causes of death.

These figures tend at times to create the impression that this disease is now only of secondary importance in our national life. This view, however, is a mistaken one. Tuberculosis is still the great killing disease of adolescence and early adult life. A large proportion of the deaths occur between the ages of 15 and 45; that is, at ages when the individual should be at his maximum working capacity and the greatest asset to the State. Deaths between these ages are a greater loss to society and the State than deaths of middle-aged and older people who are past their maximum working capacity.

The distribution of deaths from Tuberculosis occurring in Oldham during 1937 confirm the general statements made above, as is shown in the following tables:—

Five Principal Causes of Death, 1937.

(a) At all ages—

Causes of Death	Number of Deaths	Proportion per 1,000 deaths
Heart and Circulation	646	318
Bronchitis, Pneumonia, and other Respiratory Diseases ..	248	122
Cancer	232	114
Diseases of Nervous System ..	168	83
Tuberculosis	99	49

(b) At ages between 15 and 45 years—

Causes of Death	Number of Deaths	Proportion per 1,000 deaths
Tuberculosis	66	33
Heart and Circulation	32	16
Bronchitis, Pneumonia, and other Respiratory Diseases ...	27	13
Diseases of Nervous System ...	26	13
Cancer	19	9

On pages 119 and 120 will be found a survey of the after-history of 218 Tubercular patients who came to notice in 1929. The most striking features which emerge from this enquiry are that only 5.1% of the pulmonary cases have been removed from the register as recovered, whilst 77.2% of them died within three to four years of coming to notice.

An analysis of the deaths from Pulmonary Tuberculosis occurring during 1937 is given on page 114, and it is shown that 79% of them occurred within three years of the cases coming to knowledge.

These facts force one to the conclusion that, in spite of improved methods of diagnosis and new treatment measures which are successful with individuals, the prognosis for the average pulmonary tubercular patient is still bad, and that the best results can only be obtained by concentration on measures for the prevention of the disease.

The poor response to treatment is in the main due to two factors: The first is the fact that large numbers of persons suffering from Pulmonary Tuberculosis do not come to the knowledge of the Anti-Tuberculosis Service until the disease is in a hopelessly advanced stage; the other important factor is the lack of efficient and sufficient treatment and after-care. The duration of sanatorium treatment for many patients tends to be too short, owing partly to shortage of beds and partly to the unwillingness of patients to continue sanatorium treatment whilst members of their families experience financial hardships at home.

With regard to prevention, it must be realized that Tuberculosis is as much a social problem as a medical one, and that improvements in working and housing conditions are responsible to a large extent for the decrease in its incidence. Hygienic housing and adequate nutrition are required for all, but more especially for contacts of tubercular patients, as such contacts are at least ten times more liable to develop this disease than persons who are not so exposed to infection.

The facilities available in Oldham for the prevention and treatment of Tuberculosis are:—

- (a) The Dispensary, situated at 25, Barker Street;
- (b) Strinesdale Sanatorium, with 54 beds;
- (c) The Sanatorium Block at Westhulme Hospital, with 30 beds;
- (d) The Municipal Hospital, 15 beds for cases of surgical tuberculosis.

THE DISPENSARY UNIT.

There has been no alteration in the facilities available at the premises 25, Barker Street, the unsuitability of which for use as a Dispensary was commented upon in the last Report. Even if a new Health Centre is contemplated in the near future, some internal decoration is needed pending the erection of the new premises.

The Dispensary sessions are held on Tuesday and Thursday mornings of each week. There is also an evening session once monthly, for patients who are at work during the day time, and a monthly session at the Isabella Greenhalgh Orthopædic Institute, Gainsborough Avenue, when cases of surgical tuberculosis are seen by the Orthopædic Surgeon.

Good co-operation exists between the Department and the local practitioners. New patients are only seen at the Dispensary on the recommendations of their own medical adviser.

During the year 264 new patients attended the Dispensary for the opinion of the Clinical Tuberculosis Officer; of these, 69 were found to be suffering from tuberculosis and 195 were non-tubercular.

It is to be regretted, however, that fewer new patients were seen by the Clinical Tuberculosis Officer before notification than in the previous year. Of the 168 new cases of tuberculosis accepted during the year, 69 (41%) were seen by the Clinical Tuberculosis Officer before notification. The corresponding figures for last year were 134 new cases and 73 (54·5%) seen before notification.

The examination of house contacts has continued as in previous years. Unfortunately, young adults and elderly parents are particularly reluctant to attend the Dispensary. During the year 91 contacts were examined, as against 123 in 1936. Of these, 4 were ultimately diagnosed as definite cases of tuberculosis.

Dispensary Attendances.

		1935	1936	1937
Insured Persons and Ex-Service Men	...	1,624	1,582	1,744
Non-Insured Persons	... ..	308	466	435
Children	... ..	859	846	690
TOTALS		2,791	2,894	2,689

Invaluable work was done by the Tuberculosis Nurse, who paid no less than 745 visits to the homes of tubercular patients.

X-Ray Work.

All radiological work in connection with the Anti-Tuberculosis service is done at the Municipal Hospital. This arrangement is satisfactory as far as the Dispensary and Westhulme Hospital are concerned, but further comment on the arrangement with regard to Strinesdale Sanatorium will be found in another section of this Report.

During the year under review 462 films were taken. This compares with 481 films taken in 1936.

An efficient X-ray examination is of vital importance in the diagnosis of early Tuberculosis. All new notified cases of Pulmonary Tuberculosis, all chest cases sent for the opinion of the Clinical Tuberculosis Officer, and all "contacts" with suspicious signs or symptoms or a heavy family history are given a radiological examination.

As in previous years the Honorary Physician in charge of the X-Ray Department of the Oldham Royal Infirmary has kindly lent us any films taken in his department of patients who later were referred to the Clinical Tuberculosis Officer for an opinion. This kindness saves us considerable time and expense. During the year 59 films were borrowed, and I should like to express my deep appreciation to him for his kind co-operation.

Sputum Examinations.

As in previous years all sputum examinations, both from the Dispensary and the Institutions, have been carried out at the Laboratory at the Health Office. During the year 1,333 specimens were examined. Of these, 460 were Positive and 873 were Negative for Tubercle Bacilli.

Other Dispensary Activities.

Propaganda work is carried out by all members of the service wherever possible. Informative leaflets published by the National Association for the Prevention of Tuberculosis are distributed at the Dispensary.

Unfortunately, no voluntary "After-Care Committee" exists in the Borough, but patients are assisted and advised whenever possible by the staff. Arrangements are made for the necessitous tubercular patients to receive, on the recommendation of the Clinical Tuberculosis Officer, one pint of milk daily. During the year milk was granted to 131 patients.

Ultra Violet Radiation treatment is given to suitable tubercular patients at the Isabella Greenhalgh Orthopædic Institute.

The work of the Dispensary is greatly facilitated by the valuable co-operation and service of the Tuberculosis Nurse and Clerk.

INCIDENCE OF TUBERCULOSIS.

The Dispensary Register.

The total number of notified cases on the register of the Dispensary on the 31st December, 1937, was 571, as opposed to 658 at the end of the previous year. Of these, 204 were definitely infectious cases, i.e., cases in which tubercle bacilli have been found in the sputum at some period of the illness.

Live Register of Tubercular Patients.

	PULMONARY			NON-PULMONARY			TOTAL		
	Male	F'male	Total	Male	F'male	Total	Male	F'male	Total
No. on Register on 31/12/36 ...	254	170	424	121	113	234	375	283	658
Cases previously removed, returning during 1937 ...	1	...	1	1	1	2	2	1	3
New cases placed on Register during 1937 ...	54	47	101	30	26	56	84	73	157
Cases removed during 1937 ...	85	71	156	43	48	91	128	119	247
No. on Register on 31/12/37 ...	224	146	370	109	92	201	333	238	571

For various reasons it is not possible to place all cases coming to the notice of the Tuberculosis Officer on the Dispensary Register.

During 1937, 11 such cases, 7 pulmonary and 4 non-pulmonary, were noted.

Removals from the Dispensary Register.

A study of the removals from the register is very instructive. During the year 247 patients were removed for the following reasons:—

- | | | |
|-----------------------------------|-----|-------------------------------------|
| 1. Recovery | 105 | or 42.5 per cent. of total removals |
| 2. Removal out of district ... | 21 | } 20.2 per cent of total removals |
| 3. Not desiring further attention | 21 | |
| 4. Lost sight of | 5 | |
| 5. Diagnosis not being confirmed | 3 | |
| 6. Death | 92 | or 37.3 per cent. of total removals |

Of the 105 "recovered" cases, 56 were pulmonary—53, or 95 per cent., being Tb. minus cases, and 3, or 5 per cent., Tb. plus I cases.

None belonged to the groups Tb. plus II or Tb. plus III. When one remembers that only 24·2 per cent. of this year's new cases belong to the groups in which "recovered" patients have occurred during the year—that is, groups Tb. minus and Tb. plus I—one realises the difficulties of the treatment of tuberculosis and the great importance of early diagnosis. The success of an Anti-Tuberculosis Scheme depends on the detection and treatment of early cases, and the isolation of the more advanced cases to prevent infection of others. The term "recovered," from the point of view of the Dispensary Register, does not mean that the patient is cured in the ordinary sense of the word. It merely means that the patient is no longer infectious and that the tubercular process is healed, although the patient may be left with severe deformity. For instance, a patient's knee or hip joint may be incapable of any movement, or a pulmonary patient may be incapable of work owing to shortness of breath, yet both may be considered "recovered."

Further details of the "recovered" cases removed during 1937 are given below:—

Non-Pulmonary			With no disability	With slight disability or deformity	With marked disability or deformity
Peripheral Glands	...	...	16	9	1
Bones and Joints	...	...	4	3	3
Abdominal	...	...	7	1	—
Other Organs	...	...	4	1	—
Pulmonary					
Minus	...	...	32	17	4
Plus I	...	...	1	2	—

Of the 92 deaths, 79 were pulmonary cases, and their distribution in the various groups was as follows:—

Tb. Minus	11 cases	13·9 per cent. of total pulmonary deaths
Tb. Plus I	3 „	3·8 „ „ „
Tb. Plus II	43 „	54·4 „ „ „
Tb. Plus III	22 „	27·9 „ „ „

The non-pulmonary deaths are analysed in another section.

Pulmonary Tuberculosis.

New Cases.

During 1937 105 new cases were accepted, 98 being placed on the register. These figures show an increase over those of last year of 11 new cases accepted, 8 being placed on the Dispensary Register. The 98 placed on the register were found to be in the undermentioned stages of the disease on the first examination:—

T.B. Minus (sputum negative or absent	20
T.B. Plus I (early cases, sputum positive)	3
T.B. Plus II (intermediate cases, sputum positive)	40
T.B. Plus III (advanced cases, sputum positive)	35

It will be seen from the above figures that in 76% of these cases the disease was well advanced, and the prospects of a permanent cure are remote. All that one can hope for in these cases is a temporary improvement. Of these 98 new cases, 27 died before the end of the year under review.

Deaths.

During the year 81 patients, as compared with 58 patients in the previous year, died from pulmonary tuberculosis. This apparently large increase is not of such great significance as at first appears, because last year's figure of 58 was 35 below the previous lowest figure. Such a severe drop in one year cannot be expected to be maintained. Apart from last year's figure, this year's figure of 81 deaths is the lowest on record.

Of the 81 deaths occurring during the year, 9, or 11·1%, had been notified to the Tuberculosis Officer as suffering from pulmonary tuberculosis more than five years prior to the date of death. A further 8, or 9·9%, had been notified three to five years before death, whilst 19, or 23·5%, died one to three years after notification.

The remaining 45 deaths (55·5% of the total number) occurred within one year of coming to notice. These included 5 which escaped statutory notification, being certified in the Registrars' returns as dying of pulmonary tuberculosis.

The following table shows the length of time between notification and death of the remaining 40:—

Under 1 week	5
1 to 4 weeks	7
1 to 2 months	3
2 to 3 months	7
3 to 6 months	6
6 to 9 months	3
9 to 12 months	9

Thus, of the 81 patients dying of pulmonary tuberculosis during the year, 72, or 88·9%, died within five years of coming to notice.

Non-Pulmonary Tuberculosis.

New Cases.

The number of new cases accepted during the year was 58, 54 of which were placed on the Dispensary Register, compared with 40 and 35 in 1936.

The following table shows the incidence of this form of the disease since 1920:—

Average number of new cases per year for the period 1920-24	83
Average number of new cases per year for the period 1925-29	75
Average number of new cases per year for the period 1930-34	67
Number of new cases for the year 1935	50
Number of new cases for the year 1936	40
Number of new cases for the year 1937	58

The location of the disease in the new cases in 1937, compared with those of the previous year, is shown below:—

	1936	1937
Bones and Joints	8	12
Abdomen	15	5
Other Organs	7	7
Peripheral Glands	9	31
Skin	1	3

The number of non-pulmonary cases notified to the Tuberculosis Officer, unfortunately, cannot be regarded as a true index of the incidence of this form of the disease. Amongst the patients referred for examination for other purposes, one frequently meets patients with healed tubercular adenitis or other form of non-pulmonary tuberculosis who have never been notified to the Tuberculosis Officer. Some authorities state that the actual number of non-pulmonary cases is in the region of three times the notified number.

A large proportion of these non-pulmonary cases throughout the country are bovine in origin. That is, they are caused by the ingestion of meat or milk from tubercular cows. Reference to the table in the section on Inspection and Supervision of Food shows that, of 91 samples of milk (76 from farms in and 15 from farms out of the Borough) examined for tuberculosis, 6 (5 from Oldham farms and 1 from other farms) were found to contain tubercle bacilli. During the past five years the percentage of "positive" samples has varied between 2.6% and 10%.

Deaths.

During the year there were 18 deaths from this form of the disease, as against 16 in 1936.

In addition, 1 case died from other causes.

Of this year's deaths, 9 occurred in our own hospitals, 1 in the local Infirmary, and 8 at home, the classification being:—

Abdomen	...	...	...	...	...	...	6
Meninges	...	...	...	...	...	...	1
Bones and Joints—							
Spine	...	...	...	...	...	...	1
Hip	...	...	...	...	...	...	2
Femur	...	...	...	...	...	...	1
Sinuses	...	...	...	...	...	...	1
Genito-urinary System	...	...	...	...	...	...	3
Peripheral Glands	...	...	...	...	...	...	3

Investigation of these cases, two of which escaped statutory notification, revealed the following facts:—

(1) Of the abdominal cases, one died within six weeks of notification; two within six months; one developed paraplegia due to a secondary tuberculoma of the spine, and died within thirteen months of notification as an abdominal case; another patient was certified as dying from abdominal tuberculosis, although he also had some pulmonary disease present; whilst the remaining case had survived until nearly six years after notification.

(2) The bones and joint cases were all of short duration. One was receiving treatment in a Manchester hospital for a tubercular spine when she developed tubercular meningitis and died eleven days after admission to one of our hospitals. Two others died within two months of notification. The two remaining cases escaped statutory notification. Another patient, who had suffered from abdominal and spinal tuberculosis for over six year, developed a sarcoma of the thigh and died. His death was certified as due to the latter disease.

(3) Two of the peripheral gland cases died soon after surgical treatment. The other case developed tubercular enteritis and generalised toxæmia.

(4) Of the genito-urinary cases, one died from renal tuberculosis. He had previously suffered from the pulmonary form of the disease, but had been considered arrested for nearly three years. Another patient had been notified over five years and had had operative treatment for genital disease in a Manchester hospital. The other case was notified, but died next day and was not seen by the Tuberculosis Officer.

(5) The case of meningitis died on the day of notification, and was not seen by the Tuberculosis Officer.

The following is a summary of the new cases and deaths during the year.

New Cases					Deaths			
Age Periods	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0 to 1	—	—	—	—	—	—	—	—
1 to 5	—	—	8	3	—	—	1	1
5 to 10	—	2	6	2	—	—	2	—
10 to 15	—	4	4	6	—	—	—	1
15 to 20	6	5	4	6	3	3	1	1
20 to 25	5	9	2	—	2	11	1	1
25 to 35	12	12	7	6	11	11	3	1
35 to 45	13	9	1	2	9	7	1	—
45 to 55	10	6	—	1	11	5	1	1
55 to 65	9	4	—	1	4	3	—	1
65 and upwards	1	1	—	1	1	—	—	1
TOTALS ...	56	52	32	28	41	40	10	8
1937	108		60		81		18	
1936	94		40		58		16	

The following list gives a summary of the principal occupations of new cases and deaths:—

New Cases			Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
Cotton Operatives ...	28	14	24	4
Iron Workers ...	8	1	6	2
Textile Machinery Workers	6	2	3	—
Labourers ...	6	1	3	1
Household Duties ...	28	5	25	2
Other Occupations ...	22	9	18	3
No Occupation ...	6	3	2	2
School Children ...	4	17	—	3
Children under School Age	—	8	—	1
TOTALS ...	108	60	81	18

Deaths from Tuberculosis.

The following tabulation shows the decrease in the number of deaths from tuberculosis since the adoption of a scheme in the year 1914. The average for the previous five years was 250 deaths per annum.

Year	Pulmonary		Non-Pulmonary		Total	Rate per 1,000 Population	
1915	...	203	...	64	267	...	1.8
1916	...	203	...	53	256	...	1.8
1917	...	178	...	52	230	...	1.7
1918	...	160	...	59	219	...	1.5
1919	...	130	...	42	172	...	1.4
Average	...	175	...	54	229	...	1.6
1920	...	156	...	40	196	...	1.3
1921	...	122	...	34	156	...	1.0
1922	...	142	...	53	195	...	1.3
1923	...	127	...	53	180	...	1.2
1924	...	126	...	51	177	...	1.2
Average	...	135	...	46	181	...	1.2
1925	...	121	...	29	150	...	1.0
1926	...	112	...	47	159	...	1.1
1927	...	104	...	22	126	...	0.8
1928	...	115	...	24	139	...	0.9
1929	...	144	...	24	168	...	1.1
Average	...	119	...	29	148	...	1.0
1930	...	103	...	36	139	...	0.9
1931	...	108	...	25	133	...	0.9
1932	...	104	...	19	123	...	0.8
1933	...	87	...	22	109	...	0.79
1934	...	97	...	11	108	...	0.80
Average	...	100	...	22	122	...	0.84
1935	...	93	...	15	108	...	0.81
1936	...	58	...	16	74	...	0.56
1937	...	81	...	18	99	...	0.77

SPECIAL INVESTIGATION.

After-History for Eight Years of 218 New Cases of Tuberculosis reported from all sources in 1929.

The survey presented here relates to all known cases of tuberculosis occurring in the County Borough of Oldham during 1929, although it will be realized that not all the 218 patients were dealt with under the Anti-Tuberculosis Scheme.

Some were reported for the first time at death, others died shortly after notification, whilst a number were resident in mental hospitals, and so on.

Their after-history during the eight years succeeding 1930—that is, to the end of 1937—is shown in the form of a chart on the folded sheet here inserted.

As each living case has been kept under observation until the end of 1937, the period of observation of those reported early in 1929 is nearly nine years, whilst of those reported at the end of the year the period is eight years.

On examination of the chart the following points will be noticed:—

1. **Percentage of patients dealt with under the Tuberculosis Scheme.**

Of the total number of new tuberculosis cases coming to knowledge in the County Borough of Oldham during 1929, 162 or 74·3% were dealt with under the Tuberculosis Scheme of Borough Council.

The reasons why 56 or 25·7% of the total number did not come directly under the Council's scheme were:—

- (a) Cases reported at death only (17 or 7·8%);
- (b) Cases which died soon after notification and before they could be seen by the Tuberculosis Officer (29 or 13·3%);
- (c) Cases occurring in mental hospitals (3 or 1·4%);
- (d) Cases which died from diseases other than tuberculosis, or who could not be traced (4 or 1·8%);
- (e) Patients who declined treatment under the Council's scheme (3 or 1·4%).

2. **Institutional Treatment.**

Of the 126 cases of pulmonary tuberculosis dealt with under the scheme, 64·3% received one or more periods of sanatorium treatment, whilst of the 36 cases of non-pulmonary tuberculosis 25% received one or more periods of hospital treatment and 33·3% had U.V.R. or other special forms of treatment.

3. **Survival of Cases.**

Of the 218 new cases coming to notice in 1929, 163 were pulmonary cases and 55 were non-pulmonary cases. Of this number 43 cases (27 pulmonary and 16 non-pulmonary) are excluded from this survey for various reasons, such as refused treatment, removed out of district, untraced, diagnosis not confirmed, etc., leaving 136 pulmonary cases and 39 non-pulmonary cases, whose survival is traced below.

(a) **PULMONARY CASES.**

Of the 136 pulmonary cases under review, 10 were reported at death only and 20 died shortly after notification. A further 28 died within three months of notification. Thus, in all, 58 cases, or 42·6% of the number under review, died within three months of coming to notice.

A further 22 cases died within three to twelve months of notification, making the total mortality during the first year of review 80 cases, or 58·8% of the cases under survey.

During the second and third years 25 cases, or 18·4%, died from tuberculosis, bringing the total deaths during the three years up to 105, or 77·2% of the cases under review.

By the end of the fifth year the total deaths amounted to 113, or 83·1% of the original cases.

At the end of 1937—that is, eight years after the last case came to notice—118 cases, or 86·8% of the original 136 new cases, had died from tuberculosis.

Of the original 136 cases, 7 or 5·1% were removed from the register as recovered, and at the end of 1937 11 cases were still under treatment or observation, 6 of them being considered arrested.

(b) **NON-PULMONARY CASES.**

Of the 39 non-pulmonary cases, 7 were reported at death only, 9 died shortly after notification, and 1 died within a month of coming to notice. Thus 17 cases, or 43·6% of the original number, died within a month of coming to notice.

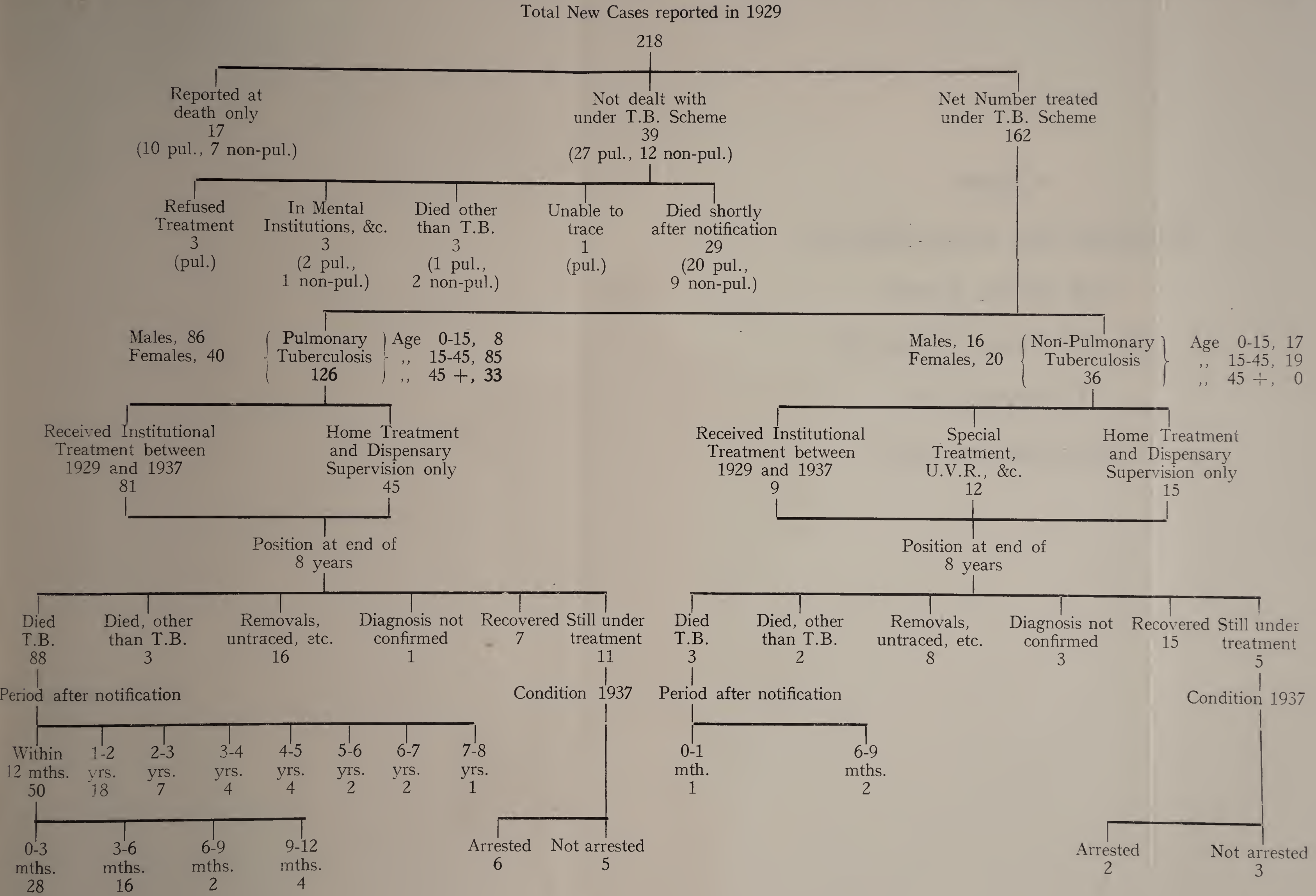
Two further deaths occurred within six to nine months of notification, making a total of 19 deaths, or 48·7% of original non-pulmonary cases up to the eighth year of observation.

Of the original 39 cases, 15, or 38·5%, were removed from the register as recovered, whilst at the end of 1937 5 cases were still under treatment or observation, 2 of them being considered arrested.

4. **Conclusion.**

This investigation forces me to the conclusion that, in spite of improved methods and diagnosis, and new treatment measures which are successful with individuals, the prognosis for the average pulmonary tubercular patient is still bad, and that improvements can best be expected by concentration on measures for the prevention of the disease.

Chart showing the After-History for Eight Years of 218 New Cases of Tuberculosis reported in 1929.



STRINESDALE SANATORIUM.

Strinesdale is essentially designed as a sanatorium and not as a hospital. It is, therefore, an unsuitable institution for patients confined to bed for long periods. Such patients are better accommodated in the Sanatorium Block at Westhulme Hospital. The ideal procedure would be to admit almost all patients to Westhulme Hospital, and to transfer them to Strinesdale when they become ambulant.

The new staff and administration block, together with the new day rooms, have now been in use about two and a half years. The increased accommodation relieved the pressure on the beds, but towards the end of the year considerable difficulty was experienced in finding accommodation for all the male patients needing sanatorium treatment.

The serious handicap to the efficiency of the institution by the lack of a treatment room and an X-ray apparatus was mentioned in last year's Report. During the year under review the need for these facilities has been accentuated by the greater use of artificial pneumothorax therapy. The need for certain other alterations at the sanatorium has been pointed out, and it is hoped that a scheme will be formulated in the near future whereby these urgent needs of the institution can be met.

A scheme for the provision of dental treatment for sanatorium patients has been considered during the year, but it is to be regretted that it has not yet been possible to put the scheme into operation.

The appointment of a Consultant Thoracic Surgeon would be of great benefit to the Anti-Tuberculosis Scheme of the Borough.

During the year there were 97 admissions to Strinesdale. Of these, 77 were new cases and 20 old cases who had previously been in sanatoria. Treatment follows the usual sanatorium routine, and includes prolonged bed rest under open-air conditions, followed by limited and graduated exercise. At all times there is a sufficiency of nourishing food.

Sputum examinations are carried out at frequent regular intervals. It is disappointing to report that of 48 new cases discharged during the year whose sputum had been "positive" on admission, only 11 had become "negative". Similarly, of 10 re-admissions discharged, 1 had become "negative".

Special treatment, including artificial pneumothorax and sanocrysin, is offered to suitable patients, and the following details are of such treatment given during the year:—

Artificial Pneumothorax.

At the commencement of the year 3 patients were undergoing this form of treatment as in-patients, and 1 patient attended as an out-

patient. Artificial pneumothorax induction was attempted in 8 patients during the year, and was successful in 6 patients. Treatment was discontinued in 2 cases owing to the presence of adhesions and incomplete collapse of the lung.

Of 12 patients whose sputum contained tubercle bacilli at the commencement of the treatment, 8 became "negative" during the treatment, but unfortunately 2 have since become "positive" again.

After discharge 5 patients have continued to attend the sanatorium as out-patients in order to continue their treatment. Effusions have occurred during treatment in 2 patients, but only 1 was sufficiently large to justify air replacement.

No bi-lateral artificial pneumothorax was attempted.

Sanocrysin.

Sanocrysin has been given to 25 patients during the year, including 4 patients who commenced their course in the previous year. This form of treatment was given in conjunction with collapse therapy in 2 patients. Treatment had to be discontinued before a complete course had been given in 8 instances, for the following reasons:—

Rash	...	...	...	...	...	3
Diarrhoea	...	...	...	...	...	3
Pyrexia	...	...	...	...	...	2

A full course of treatment is spread over four to five months, and the treatment of Sanocrysin given varies from 4.5 to 5.6 grms.

Of 12 patients who completed a full course of treatment, 10 improved in general condition and increased in weight, and of 25 patients who were "positive" at the commencement of the treatment 11 became "negative". Unfortunately, some months after completion of treatment 5 became "positive" again.

Sanocrysin appears to have a general tonic effect upon patients, reduces the amount of sputum, and tends to reduce the number of tubercle bacilli in the sputum. A number of patients, however, tend to relapse and become "positive" when the course is completed. Repeat courses have been given to 2 patients.

Air replacement has been performed on six occasions on 2 patients suffering from pleural effusions.

Dr. Cammock, the Consultant Aural Surgeon, has kindly seen a number of patients suspected of having tubercular disease of the larynx and advised as to treatment.

Artificial Pneumothorax.

Inductions attempted	...	...	8
Inductions successful	...	...	6
Refills	...	...	189

Sanocrysin.

Patients treated	...	...	25
Injections given	...	...	387

Other Treatment.

Pleural aspirations	...	...	3
Air replacements	...	...	6
Abscess aspirations	...	...	5

During the year increasing use has been made of the Blood Sedimentation Test, and 88 tests have been carried out.

The following figures give some further indication of the activities of the institution during the year, compared with 1936:—

Admissions.	1936	1937
A. Definite Cases of Tuberculosis	82	73
B. Observation Cases	43	24

Deaths.

A. Definite Cases of Tuberculosis	7	6
B. Observation and Non-Tubercular Cases ...	—	—

Discharges.

Transfers to Westhulme	6	3
Transfers to the Municipal Hospital	2	3
Other Discharges	107	96

Condition of Patients on Discharge.

Observation Cases proved to be Non-Tubercular ...	32	21
Observation Cases proved to be Tubercular ...	6	5
Disease Quiescent	3	—
Improved	68	62
No Material Improvement	6	14

WESTHULME HOSPITAL.

The Sanatorium Block at this Hospital provides accommodation for 30 patients.

As far as possible, all patients who are bedfast when first seen by the Clinical Tuberculosis Officer are admitted to Westhulme for a period of bed rest, and are transferred to Strinesdale when they have improved sufficiently to be no longer bedfast.

Some of the special treatment given to out-patients has been carried out at Westhulme. The following figures give some indication of the activities of the Sanatorium Block during the year, as compared with 1936:—

Admissions.					1936	1937
A.	Definite Cases of Tuberculosis	...	...	...	85	77
B.	Observation Cases	...	...	...	25	11

Deaths.					1936	1937
A.	Definite Cases of Tuberculosis	...	...	...	27	27
B.	Observation and Non-Tubercular Cases	...	...	...	2	1

Discharges.						
Transferred to Strinesdale	...	...	...	...	23	19
Transferred to the Municipal Hospital	...	...	...	...	11	6
Other Discharges	...	...	...	...	55	38

Condition of Patients on Discharge.

Observation Cases proved to be Non-Tubercular	...	...	...	...	24	7
Observation Cases proved to be Tubercular	...	...	...	...	3	3
Disease Quiescent	...	...	...	...	2	1
Improved	...	...	...	...	48	35
No Material Improvement	...	...	...	...	12	17

THE MUNICIPAL HOSPITAL.

This is a general hospital, but beds are reserved for the treatment of non-pulmonary cases. Most of the patients recommended for admission by the Clinical Tuberculosis Officer are suffering from bone or joint disease and are under the care of Mr. Poston, the Orthopædic Surgeon, who attends regularly for operations and consultations. The patients are usually first seen by him at the Orthopædic Clinic or at the Surgical Session of the Dispensary, and continue under his care when discharged from hospital.

The Clinical Tuberculosis Officer visits the hospital fortnightly to see these surgical cases and to consult with the Resident Staff regarding any suspected cases of pulmonary tuberculosis in the Medical Wards. All patients in whom the diagnosis is confirmed are transferred almost immediately to our Sanatoria.

Artificial Sunlight treatment is given at the hospital to suitable cases.

The following figures give some indication of the activities of the hospital with regard to tuberculosis during the year, as compared with 1936:—

Admissions.

	1936	1937
A. Definite Cases of Tuberculosis	24	48
B. Observation Cases	30	24

Deaths.

A. Definite Cases of Tuberculosis	7	16
B. Observation and Non-Tubercular Cases ...	2	2

Discharges.

Transfers to Westhulme—Pulmonary	11	11
Non-Pulmonary	6	4
Transfers to Strinesdale—Pulmonary	3	4
Non-Pulmonary	4	1
Other Discharges	24	29

Condition of Patients on Discharge.

Observation Cases proved to be Non-Tubercular ...	16	11
Observation Cases proved to be Tubercular ...	14	11
Disease Quiescent	—	—
Improved	16	15
No Material Improvement	2	12

The following tables, in the forms prescribed by the Ministry of Health, give further details of the work carried out during the year.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1920.

Part I.—Summary of Notifications during the period from the 1st January, 1937, to the 31st December, 1937, in the area of the County Borough of Oldham.

FORMAL NOTIFICATIONS.													
Age Periods	Number of Primary Notifications of new Cases of Tuberculosis.											Total Notifications	
	0 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards		Total (All Ages)
Pulmonary Males	...	...	...	2	7	6	11	17	11	10	...	64	71
Females	...	...	...	3	3	9	13	7	4	3	1	45	48
Non-Pulmonary Males	...	10	7	3	3	2	6	3	...	...	...	34	37
Females	...	3	2	5	5	...	6	1	1	...	...	23	27

Part II.—Supplemental Return.

New Cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by Formal Notification.

Age Periods	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total
Pulmonary Males ...	...	...	...	...	...	...	1	...	1	1	1	4
Females ...	...	...	...	...	1	...	1	...	2	...	...	4
Non-Pulmonary Males ...	...	...	...	1	1	...	2	...	...	...	...	4
Females ...	...	...	1	...	1	...	...	...	...	1	1	4

	SOURCE OF INFORMATION.				No. OF CASES.	
					Pulmonary	Non-Pulmonary
Death Returns { from local Registrars ...	...	...	...	...	4	2
Posthumous Notifications { transferable deaths from Registrar General ...	...	...	...	...	...	...
“Transfers” from other areas (other than transferable deaths) ...	...	...	...	...	1	...
Other Sources if any (specify) Diagnosed 1937, Notified 1938 ...	...	...	...	...	3	4
	...	...	...	...	...	2

Part III.—Notification Register.

	PULMONARY			NON-PULMONARY			Total Cases
	Males	Females	Total	Males	Females	Total	
Number of Cases of Tuberculosis remaining at the 31st December, 1937, on Register of Notification...	258	156	414	127	104	231	645
Number of Cases removed from the Register during the year by reason <i>inter alia</i> of :—							
1. Withdrawal of Notification	5	...	5	3	2	5	10
2. Recovery from the Disease	31	25	56	22	27	49	105
3. Death	46	40	86	9	8	17	103
4. Otherwise	8	6	14	5	8	13	27

TREATMENT OF TUBERCULOSIS.

TABLE I. (A) Return showing the work of the Dispensary during the year 1937.

DIAGNOSIS.	PULMONARY.						NON-PULMONARY.						TOTAL.				GRAND TOTAL
	Adults.			Children.			Adults.			Children.			Adults.		Children.		
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts) :—																	
(a) Definitely tuberculous ...	51	39		—	1		12	14		16	10		63	53	16	11	143
(b) Diagnosis not completed ...	—	—		—	—		—	—		—	—		15	8	5	2	30
(c) Non-tuberculous ...	—	—		—	—		—	—		—	—		82	70	51	51	254
B.—CONTACTS examined during the year :—																	
(a) Definitely tuberculous ...	—	1		—	3		—	—		—	—		—	1	—	3	4
(b) Diagnosis not completed ...	—	—		—	—		—	—		—	—		—	—	—	1	1
(c) Non-tuberculous ...	—	—		—	—		—	—		—	—		6	13	35	32	86
C.—CASES written off the Dispensary Register as :—																	
(a) Recovered ...	28	23		3	2		13	20		9	7		41	43	12	9	105
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—		—	—		—	—		—	—		96	94	88	91	369
D.—NUMBER OF CASES on Dispensary Register on December 31st :—																	
(a) Definitely tuberculous ...	217	138		7	8		67	74		42	18		284	212	49	26	571
(b) Diagnosis not completed ...	—	—		—	—		—	—		—	—		15	8	5	3	31

Table I—continued.

1. Number of cases on Dispensary Register on January 1st	689	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	69
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	8	9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	745
3. Number of cases transferred to other areas, cases not desiring further assistance under the tuberculosis scheme, and cases "lost sight of"	47	10. Number of :— (a) Specimens of sputum, etc., examined (b) X-ray examinations made in connection with Dispensary work	Plus 212 from Doctors 476 521
4. Cases written off during the year as Dead (all causes)	92	11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above	A(a) 3 A(b) 1
5. Number of attendances at the Dispensary (including Contacts) ...	2689	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	204
6. Number of Insured Persons under Domiciliary Treatment on the 31st December	68		
7. Number of consultations with medical practitioners :— (a) Personal (b) Other	24 610		

TABLE II.

RESIDENTIAL INSTITUTIONS.

(a) NUMBER OF BEDS AVAILABLE FOR THE TREATMENT OF TUBERCULOSIS ON THE 31ST DECEMBER, IN INSTITUTIONS BELONGING TO THE COUNCIL.

NAME OF INSTITUTION	For Pulmonary Cases		For Non-Pulmonary Cases		Totals
	Adults	Children under 15	Adults	Children under 15	
Strinesdale Sanatorium	48	6	...	...	54
Westhulme Hospital	15	3	9	3	30
The Municipal Hospital	...	...	10	5	15

(b) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION DURING THE YEAR IN INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

			In Institutions on Jan. 1	Admitted during the year	Discharg'd during the year	Died in the Institutions	In Institutions on Dec. 31
Number of doubtfully Tuberculous Cases admitted for Observation	Adults	M.	3	32	27	2	6
		F.	3	10	12	1	0
	Children	.....	5	17	19	0	3
	Totals..	.....	11	59	58	3	9
Number of Patients suffering from Pulmonary Tuberculosis	Adults	M.	31	100	75	25	31
		F.	21	61	58	14	10
	Children	.....	1	6	4	0	3
	Totals..	.....	53	167	137	39	44
Number of Patients suffering from non-pulmonary Tuberculosis	Adults	M.	4	12	10	4	2
		F.	3	9	6	3	3
	Children	.....	1	17	9	3	6
	Totals..	.....	8	38	25	10	11
Grand Totals	...	...	72	264	220	52	64

(c) RETURN SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY TUBERCULOUS CASES DISCHARGED DURING THE YEAR FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS.

Diagnosis on Discharge from Observation	For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis						Totals		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	7	2	1	3	2	1	...	...	...	2	...	1	12	4	3
Non-tuberculous ...	2	2	...	8	3	10	1	...	...	2	1	5	13	6	15
Doubtful ...	2	2	...	1	1	1	...	...	...	1	...	...	4	3	1
Totals ...	11	6	1	12	6	12	1	...	...	5	1	6	29	13	19

TABLE III.

Return showing the immediate results of treatment of definitely Tuberculous Patients discharged during the Year
from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institutions.														
		* Under 3 months, but exceeding 28 days			3-6 months		6-12 months		More than 12 months		Totals		Grand Totals No. %			
		M.	F.	Ch.	M.	F.	M.	F.	M.	F.	M.	F.		Ch.		
Class T.B. minus.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	3	3	1	4	2	2	1	...	10	6	3	19	90.0		
	No Material Improvement	1	...	...	...	...	...	...	...	1	...	...	1	5.0		
	Died in Institution	1	...	...	...	...	...	...	...	1	...	...	1	5.0		
Class T.B. plus. Group I.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	1	...	...	1	2	1	...	...	3	2	1	6	100.0		
	No Material Improvement	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Class T.B. plus. Group II.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	11	8	...	18	8	...	9	...	35	26	...	61	71.5		
	No Material Improvement	...	5	...	1	3	...	3	...	4	12	...	16	19.0		
	Died in Institution	2	...	...	1	3	...	2	...	5	3	...	8	9.5		
Class T.B. plus. Group III.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	...	...	...	...	1	...	...	...	1	1	...	2	18.2		
	No Material Improvement	...	2	...	1	...	...	...	...	1	2	...	3	27.3		
	Died in Institution	2	2	...	1	...	...	1	...	4	2	...	6	54.5		
Totals (Pulmonary) ...		21	20	1	26	19	3	13	...	65	54	4	123	...		
PULMONARY TUBERCULOSIS																

PULMONARY TUBERCULOSIS

TABLE IV.—(a) PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the Return relates.	Previous to 1927				1927				1928				1929				1930				1931					
	Class T.B. plus				Class T.B. plus				Class T.B. plus				Class T.B. plus				Class T.B. plus				Class T.B. plus					
	T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	T.B. minus	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	
Disease arrested : Adults M. Children F.	21	5	1	...	6	1	1	...	...	1	1	1	...	...	1	1	1	...	...	2	4	2	...	...	1	3
	6	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
	2	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	1
Disease not arrested : Adults M. Children F.	1	3	7	1	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
	...	...	4	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4
	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Condition not ascertained during the year	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...
Total on Dispensary Register at 31st Dec.	37	9	12	1	22	2	2	1	...	3	4	1	1	...	2	3	2	3	3	8	18	5	5	1	10	10
Discharged as recovered Adults M. Children F.	96	9	...	...	9	8	...	...	...	...	9	...	...	...	...	3	...	...	...	...	2	...	...	...	...	...
	55	6	...	...	6	4	...	...	...	...	2	...	...	...	...	2	...	...	...	...	3	...	...	...	...	...
	41	1	...	...	1	7	...	...	...	...	7	...	...	...	...	5	...	...	...	...	5	...	...	...	...	...
Lost sight of, or otherwise removed from Dispensary Register	451	31	12	2	45	33	4	3	2	9	34	1	3	3	7	13	1	3	...	4	17	3	4	4	12	12
DEAD Adults M. Children F.	608	39	40	74	153	23	3	17	7	27	19	4	15	8	27	16	5	22	18	45	16	...	8	21	22	44
	328	10	23	58	91	11	5	9	6	20	17	1	10	6	17	5	1	7	13	21	7	2	4	13	9	23
	85	2	4	4	10	3	...	1	1	...	1	...	...	...	1	2	...	...	...	2	1	...	...	...	...	...
Total written off Dispensary Register	1664	98	79	138	315	89	12	30	16	58	90	6	29	17	52	43	7	32	33	72	51	2	15	35	52	79
Grand Totals	...	...	91	139	337	91	14	31	16	61	94	7	30	17	54	46	9	35	36	80	69	2	20	36	58	89

(a) Remaining on Dispensary Register on 31st December.

(b) Not now on Dispensary Register and reasons for removal therefrom.

TABLE IV.—PULMONARY TUBERCULOSIS—continued.

Condition at the time of the last record made during the year to which the Return relates.	1932					1933					1934					1935					1936					1937				
	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus					
	Group 1.	Group 2.	Group 3.	Total (Class plus).		Group 1.	Group 2.	Group 3.	Total (Class plus).		Group 1.	Group 2.	Group 3.	Total (Class plus).		Group 1.	Group 2.	Group 3.	Total (Class plus).		Group 1.	Group 2.	Group 3.	Total (Class plus).		Group 1.	Group 2.	Group 3.	Total (Class plus).	
Disease arrested: Adults M. Children F.	7	1	1	1	2	1	1	1	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1					
	5	1	1	1	2	1	2	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1						
	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...						
Disease not arrested: Adults M. Children F.	1	2	...	2	1	1	11	12	3	8	2	2	10	...	9	2	15	1	7	1	16	1	18	14	33					
	3	...	4	4	2	1	5	6	1	6	4	4	4	...	6	4	10	1	4	11	1	15	4	19						
	1	...	...	...	...	...	...	...	4	...	...	...	...	...	1	2	...	...	...	...	...	2	...	4						
Condition not ascertained during the year	3	...	...	...	4	...	2	1	2	2	1	1	1	...	...	2	...	...	...	...	...	...	...	...						
Total on Dispensary Register at 31st Dec.	21	2	6	...	11	6	24	20	12	4	16	...	17	2	16	...	15	1	25	1	27	3	35	18	56					
Discharged as recovered Adults M. Children F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...					
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...					
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...					
Lost sight of, or otherwise removed from Dispensary Register	14	2	5	1	8	7	5	12	3	4	8	...	5	...	4	...	2	3	...	3	...	...	...	...	...					
DEAD Adults M. Children F.	11	3	17	17	37	7	49	27	12	2	10	15	6	9	11	...	5	...	11	24	2	...	2	9	11					
	9	3	10	10	23	3	25	7	5	1	17	7	...	16	4	...	2	...	8	13	3	3	8	11	11					
	...	...	2	1	3	...	...	1	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...					
Total written off Dispensary Register	34	8	34	29	71	17	79	65	20	7	36	22	12	30	15	45	9	...	22	40	5	...	5	17	22					
Grand Totals	55	10	40	29	79	28	103	85	32	11	52	22	29	2	46	15	24	1	47	67	21	3	40	35	78					

(a) Register on 31st December.

(b) Not now on Dispensary removal therefrom.

Register and reasons for removal therefrom.

TABLE IV.—NON-PULMONARY TUBERCULOSIS—continued.

Condition at the time of the last record made during the year to which the Return relates.	1932					1933					1934					1935					1936					1937					
	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Totals	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	Bones & Joints	Abdo- minal	Other Organs	Peri- pheral Glands	Total	
Disease arrested : Adults	2	...	...	...	2	...	...	...	1	1	3	...	...	...	4	1	...	2	2	3	3	2	1	...	...	3	...	...	...	...	...
Children	1	...	...	...	1	2	...	...	1	3	1	1	...	1	11	1	1	...	1	...	2	1	1	...	...	2	...	...	...	...	...
Disease not arrested : Adults	1	...	1	...	2	...	1	1	1	3	...	...	...	...	2	1	...	...	1	1	1	...	...	...	1	1	...	...	...	...	...
Children	...	1	...	...	1	...	...	...	...	...	1	...	...	...	4	1	...	1	2	2	...	...	...	...	...	5	2	...	...	...	...
Condition not ascer- tained during the year	...	...	...	...	...	...	1	...	1	2	...	...	...	1	3	...	...	1	2	1	1	...	...	...	1	1	...	...	...	...	...
Total on Dispensary Register at 31st Dec.	6	2	1	3	12	4	3	3	5	15	7	3	2	14	26	4	5	5	13	27	6	8	2	...	9	25	8	3	6	27	44
Transferred to Pulmonary ...	1	2	...	1	4	1	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Discharged as re- covered Adults	...	...	1	2	3	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Children	...	4	...	6	10	2	...	...	2	8	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lost sight of or other- wise removed from Dispensary Register	5	1	2	...	8	4	2	1	5	12	3	3	1	4	11	1	1	2	2	6	2	2	...	...	4	...	...	1	...	1	2
DEAD Adults	5	...	2	...	7	...	2	...	...	2	...	3	1	...	...	2	3	1	...	6	1	2	1	...	4	...	1	...	1	3	1
Children	...	3	...	...	3	...	4	...	...	4	...	1	...	...	4	1	1	...	...	2	...	2	...	...	...	2	...	...	...	...	...
Total written off Dispensary Register	11	10	7	10	38	7	8	3	12	30	3	6	5	7	21	5	6	4	2	17	3	7	1	...	11	...	3	2	1	4	10
GRAND TOTALS of (a) and (b) excluding those transferred to Pulmonary ...	17	12	8	13	50	11	11	6	17	45	10	9	7	21	47	9	11	9	15	44	9	15	3	...	9	36	11	5	7	31	54

(a) Remaining on Dispensary Register at 31st December.

(b) Not now on Dispensary Register and reasons for removal therefrom.

Section IX.

VENEREAL DISEASES

The scheme for the treatment of patients suffering from venereal diseases remains as in previous years.

The clinic is held at the Oldham Royal Infirmary on Monday night for females and on Tuesday and Wednesday nights for males, and beds are available for in-patients. It also serves the adjoining areas of the Lancashire and the West Riding County Councils.

The V.D. Officer is Dr. J. G. Stewart, and his assistants are Dr. A. S. McGowan and Dr. C. S. Strachan.

At the beginning of the year 316 cases were under treatment, 2 (removed from the register in previous years as having ceased to attend) returned for treatment during the year, and 307 cases attended for the first time; thus, there were 625 cases under treatment during the year.

Of the new cases, 226 or 77·6 per cent. were diagnosed as suffering from venereal disease (77 syphilis, 1 soft chancre, 148 gonorrhœa). Sixty-five were found not to have venereal disease.

Seven of the syphilis cases were diagnosed congenital syphilis.

Attendances.

The total number of attendances was 9,789 (7,400 for examination by the Medical Officer and 2,389 for irrigation, dressing, etc.).

Fifteen patients were admitted as in-patients during the year, 4 suffering from syphilis, 10 from gonorrhœa, and 1 from non-venereal conditions.

Result of Treatment.

One hundred and twelve cases (10 syphilis, 44 gonorrhœa, 58 non-venereal) were discharged after completion of treatment and final tests of cure, or after diagnosis as non-venereal. Eighty-six cases (45 syphilis, 1 soft chancre, 40 gonorrhœa) ceased to attend before completion of treatment.

Fifteen cases (12 syphilis, 3 gonorrhœa) ceased to attend after completion of treatment but before final tests of cure.

Sixteen cases (10 syphilis, 5 gonorrhœa, 1 non-venereal) were transferred to other centres, institutions, or to the care of private practitioners.

Three hundred and ninety-six cases (205 syphilis, 162 gonorrhœa, 29 non-venereal) were still under treatment or observation at the end of the year.

Supplies of Arsenobenzene Compounds.

These are available for private medical practitioners whose names are in the accepted register. Eleven doctors on the list availed themselves of this free supply, and 921 doses of various strengths of these compounds were supplied to them.

Pathological Examinations.

Thirteen microscopic examinations were made for syphilis and 393 for gonorrhœa at the Centre.

One thousand and seventy specimens were examined at the University of Manchester Public Health Laboratory, of which 1,000 were Wassermann reactions, 1 Spirochætæ, and 69 tests for gonorrhœa (67 fixation tests and 2 microscopic tests). One hundred and thirty-five of these were received from general practitioners, 228 from the Municipal Hospital, 15 from other sources, and 692 from the Centre.

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